



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

Mandatory In-Service Self-Learning Education Manual



Provident Hospital of Cook County

MANDATORY IN-SERVICE SELF-LEARNING EDUCATION MANUAL

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Provident Hospital of Cook County

MANDATORY IN-SERVICE SELF-LEARNING EDUCATION MANUAL

MISSION

The Mission of Provident Hospital of Cook County is to continuously improve the quality and availability of comprehensive health care services to all of the county's residents-regardless of ability to pay.

To accomplish our mission, we call upon the skills and expertise of all of our staff who work together to serve the health needs of the community.

VISION

Provident Hospital of Cook County will be the premiere public community teaching institution of its size in the country with an emphasis on primary care.



Provident Hospital of Cook County

Preface

Mandatory Education assists us to meet the overall Mission of the Hospital as well as the requirements set by outside Regulatory, Accrediting and Governmental Agencies.

The Mandatory Self-Learning Program delineates the basic framework of the curriculum established by Provident Hospital of Cook County.

This program is:

1. Required by all staff, associated health care and contract providers of Provident Hospital of Cook County.
2. Mandated by Provident Hospital of Cook County policies and/or national, state and JCAHO regulations.

The Mandatory In-Service Education Self-Learning Program reflects an interdisciplinary approach for employee practice. Mandatory Education is necessary for employees in order to help you:

- Perform safely and accurately
- Strive towards excellence
- Promote consistency in performance
- Provide state of the art care in a humanistic environment.

All hospital employees are required to fulfill their mandatory training via the read and sign methodology annually.



**COOK COUNTY HEALTH
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Security

Security Management



Purpose

- The purpose of Security Management is to ensure a safe work environment for patients, visitors and staff, and to protect the capital assets of the Hospital complex.

- Minimize risks:
 - Stay alert in your surroundings
 - Wear your I.D. badge at all times
 - Secure your personal items out of public view or access
 - Report strangers or security to Public Safety / Security

What You Should Report

□ Problems to report:

Disturbances involving:

- Patients
- Staff
- Visitors

Damage/property loss

Smoking (all CCHS campuses are smoke-free as of Nov. 2009)

Alcohol, drugs and weapons

Patient abuse or sexual assault

Summary of Code Abduct

□ In the event of an Infant / Child Abduction, remember:

NURSING

- Dial the Emergency Line (x2-1911)
- Provide the Hospital Operator the location of occurrence
- Contact Hospital Security
- Protect the crime scene until Hospital Security arrives to take over until the Chicago Police Department arrives
- Move the parents of the abducted child to a private room off the maternity floor
- Detail the nurse assigned to the mother and infant to accompany them at all times, protecting them from stressful contact with the media and other interference

Summary of Code Abduct *(cont'd)*

NURSING

- Nurses on the unit immediately search the entire unit and perform a head count of all infants
- The Nursing Supervisor or Charge Nurse will question the mother of the infant suspected to be missing as to other possible locations of the child

OPERATOR

- Contact the Chief Operating Officer and Director of Public Affairs. The COO will contact the Federal Bureau of Investigations.
- Notify the following management staff and instruct them to report to the Command Center:
 - Director of Security
 - Chief Medical Officer
 - Director of Quality
 - Other Applicable Members of Management

Summary of Code Abduct *(cont'd)*

SECURITY

- Position security personnel at each entry and exit posts
- Contact the Director of Security and Assistant Director of Security
- Upon notification of Code Abduct, will go immediately to the areas where the infant/child was last seen and security it to ensure no one enters until Chicago Police arrives
- Ensure no one is allowed to leave or enter the hospital while a Code Abduct is in progress

ALL EMPLOYEES

- Remain in their area until instructed to leave
- Call the Emergency Line (x2-1911) to report any suspicious actions
- If Code Abduct occurs during change of shifts, employees must remain on site until excused by the Chief Operating Officer of their Designee



**COOK COUNTY HEALTH
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Workplace Violence



Cook County Workplace Violence Policy

Page: 1 of 4 Policy # 5.31.06

I. Purpose and Policy

- A. Cook County is committed to providing a safe and healthy workplace for employees and the public. Workplace violence is the second leading cause of work-related death in the United States. The purpose of this Policy is to prevent and address violent acts in the Cook County workplace so as to lessen the risk of harm to employees and others.
- B. This Policy is intended to provide guidelines for preventing, reporting and investigating incidents of violence in the workplace, as well as formulating appropriate remedial action. It is not intended to substitute for or discourage reporting of incidents of workplace violence to the appropriate law enforcement authorities. Nothing in this Policy is intended to nor shall be construed to create any private cause of action against the County of Cook or any of its employees, nor shall it be construed to create any contractual or other rights or expectations. However, nothing herein is intended to affect any existing civil or other remedy which may be available to any person arising out of an incident of violence in the workplace.
- C. Allegations of violence committed by or against sworn police officers and security personnel in the course of their official duties are not covered by this Policy and shall be referred to the appropriate authorities. However, this Policy covers such employees insofar as violence may result from interaction with co-workers, or fall outside the scope of their duties.

II. Purpose and Policy

Workplace violence, as used in this Policy, includes but is not limited to, written or verbal communications, whether direct or indirect, which are of a threatening, intimidating or coercive natures; the use or threat of physical force, stalking; vandalism or destruction of property; and the use or possession of any weapon and/or ammunition, unless the specific weapon, ammunition, or use is authorized by the County for a particular work assignment, and used as authorized.

III. Coverage

Cook County's Policy on workplace violence applies to all County employees. Employees who violate this Policy may be subject to legal action as appropriate. Violation of this Policy by an employee we may lead to disciplinary action, up to



Cook County Workplace Violence Policy

Page: 2 of 4 Policy # 5.31.06

and including termination, in accordance with the applicable law, rule or collective bargaining agreement.

IV. Responsibilities of County Employees

- A. Each County Department Head, manager/supervisor and employee shall work cooperatively regarding the implementation of this Policy.
- B. Department Heads or their designees shall be responsible for the implementation of this Policy; for the receipt of and reporting of all incidents of violence and orders of protection reported by employees in their departments, for the investigation of reports of violence in their departments and for preparing recommendations for appropriate remedial action.
- C. Department Heads or their designees shall be responsible for implementing and maintaining safe workplace practices, including this Policy, and for communicating this Policy to the employees under their direction.
- D. All employees, managers/supervisors, shall immediately report incidents of violence in the workplace or any potentially dangerous situation to their respective managers/supervisors, and, where appropriate, to law enforcement authorities.
- E. All employees, manager/supervisors, shall notify their respective manager/supervisor when an order of protection has been obtained naming County premises, and are encouraged, but not required, to make such notification when an order of protection is obtained that involves himself/herself.
- F. Department Heads and their designees shall be responsible for oversight of the County's implementation of this Policy; development of a Cook County Violence in the Workplace Procedural Manual, which will include, but will not be limited to, incident assessment and investigation procedures; investigation of incidents of violence; recommendations for appropriate remedial action; and recommendations concerning prevention of violence in the workplace.
- G. All employees, manager/supervisors, shall cooperate in the course of an investigation under this Policy.
- H. In the event that workplace violence results in injuries requiring immediate



Cook County Workplace Violence Policy

Page: 3 of 4 Policy # 5.31.06

medical attention, appropriate emergency services shall immediately be contacted as well as building security. If the injured party is a County employee, that employee, if circumstances allow, shall report said incident to a manager. If a County employee, other than the injured party, becomes aware of an injury, that employee shall report said incident to a manager. The incident shall then be reported to the Department Head or his or her designee. All employees shall cooperate with law enforcement, fire, medical and other emergency personnel. Department Heads and their designees will be responsible for monitoring incoming calls and recording actions taken in response to the crisis situation.

V. Investigation

Department Heads or their designee shall promptly investigate each report of an incident of workplace violence. Employees and other witnesses may be questioned concerning incidents of workplace violence. Department Heads or their designees shall contact law enforcement authorities whenever a possible violation of criminal law is discovered during an investigation. An investigative report, with recommendations for remedial and/or disciplinary action shall then be prepared.

VI. Non-Retaliation

Retaliation against any employee who makes a good faith complaint or report of workplace violence or participates in or aids in the investigation of a complaint under this Policy is prohibited. Any person who believes that he or she has been subject to such retaliation shall bring it to the attention of the appropriate Department Head and/or his or her designee.

VII. False or Frivolous Complaints

False or frivolous charges refer to situations in which the accuser is consciously making a false accusation pertaining to a workplace violence issue. It does not refer to charges made in good faith which ultimately cannot be proven. Given the seriousness of the consequences for the accused, a false or frivolous charge is a severe offense that is cause for disciplinary action.



Cook County Workplace Violence Policy

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VIII. Confidentiality

Consistent with the necessity of prevention of workplace violence, the privacy of the reporting employee and the investigation of violence in the workplace; all reports and investigations of workplace violence will be kept confidential to the extent practicable under the circumstances. The reports and investigations of the workplace violence are not subject to public disclosure except as may be necessary for disciplinary action or as otherwise required by law.

IX. Training

Department Heads and/or their designees shall conduct violence in the workplace training for managers/supervisors. The managers/supervisors shall be responsible for communicating this Policy to the employees under their direction.

**COOK COUNTY
POLICY ON DOMESTIC AND SEXUAL VIOLENCE IN THE
WORKPLACE**

I. PURPOSE

The County is committed to promoting the health and safety of our employees. Violence is a leading cause of injury to women in this country. The purpose of this policy is to heighten awareness of domestic and sexual violence and to provide guidance for employees and management to address the occurrence of domestic and sexual violence and its effects in the Cook County workplace.

II. DEFINITIONS

A. Domestic or sexual violence: Domestic violence, sexual assault, or stalking.

B. Domestic violence: Domestic violence includes acts or threats of violence or intimidation, not including acts of self defense, as defined in subdivision (3) of Section 103 of the Illinois Domestic Violence Act of 1986, or sexual assault, to the person or the person's family or household member.

C. Batterer, Perpetrator, or Abuser: The individual who commits an act of domestic or sexual violence as defined above.

D. Batterer Intervention Programs: Programs for batterers that are designed to eliminate violence in intimate relationships, stop other forms of abusive behavior and increase victim safety.

E. Sexual Assault: Any conduct proscribed by the Criminal Code of 1961 in Sections 12-13, 12-14, 12-14.1, 12-15, and 12-16.

F. Stalking: Any conduct proscribed by the Criminal Code of 1961 in Sections 12-7.3 and 12-7.4.

G. Survivor or Victim: The individual who is the subject of an act of domestic or sexual violence or who, with the exception of the batterer, perpetrator or abuser, has a family or household member who is the victim of domestic or sexual violence.

H. VESSA: The Illinois Victim's Economic Security and Safety Act of 2003, 820 ILCS 180 et seq.

III. POLICY

A. Early Intervention and Education Prevention Strategies

1. It is the policy of Cook County to use early intervention and prevention strategies in order to avoid or minimize the occurrence and effects of domestic or sexual violence in the workplace. Cook County will provide available support, assistance, and reasonable accommodations, absent undue hardship, to employees who are survivors/victims of domestic or sexual violence. Support and reasonable accommodations may include: confidential means for coming forward for help, resource and referral information, additional security at the workplace, work schedule adjustments or leave necessary to obtain medical counseling or legal assistance, or workplace relocation if operations permit. Cook County will attempt to make written and referral information available in any language necessary. In all responses to domestic or sexual violence, Cook County will respect the confidentiality and autonomy of the adult survivor/victim to direct her or his own life, to the fullest extent permitted by law.

2. Cook County will maintain, publish, and post in locations of high visibility, such as bulletin boards and break rooms, health/first aid offices, County phone directories, and online information data bases, a list of resources for survivors/victims and perpetrators of domestic or sexual violence, including but not limited to the Illinois Coalition Against Domestic Violence (217) 789-2830, the national domestic violence hotline number (800) 799-SAFE, the number to the Employee Assistance Program (312) 263-2747, and the phone numbers and descriptions of local domestic violence and sexual assault resources. Cook County will also post a notice prepared by the Illinois Department of Labor, summarizing the requirements of VESSA and information pertaining to filing of a charge.

Cook County shall train and educate its employees and managers about domestic and sexual violence issues and this policy. This training and education may include:

- a. disseminating information in employee newsletters and other employee communication materials;

- b. providing training and resources to supervisors and human resources representatives to increase their awareness and ability to recognize domestic and sexual violence issues, to help them deal with the issues appropriately in the workplace and assist survivor/victims and/or abusers to access available services; and
- c. incorporating information about domestic and sexual violence and the County policy into the County's new employee/new supervisor orientation programs.

B. Leave Options for Employees Who are Survivors or Victims of Domestic or Sexual Violence or Who Have a Family or Household Member Who is the Victim of Domestic or Sexual Violence

- 1. At times, an employee may need to be absent from work due to domestic or sexual violence. When determining leave options, employees, supervisors and managers shall comply with VESSA which allows, at minimum, a total of 12 unpaid work weeks of leave during any 12-month period. The actual length of time should be determined by the employee's situation. Extended time beyond the 12 weeks guaranteed by VESSA shall be determined through collaboration with the employee, supervisor/manager, human resources representative, and union representative, where the employee is represented. Leave may be taken intermittently or on a reduced work schedule.
- 2. Employees, supervisors, and managers are encouraged to first explore whether paid options can be arranged that will help the employee cope with a family violence situation without having to take a formal unpaid leave of absence. Depending on the circumstances, and provided operations permit, these options may include: arranging flexible work hours so that the employee can handle legal matters, court appearances, housing, and childcare issues; and permitting use of sick leave, annual leave, shared leave or compensatory time.

C. Procedures for Employees with Performance Issues Related to Domestic or Sexual Violence

While the employer retains the right to discipline employees for cause, Cook County recognizes that survivors/ victims of domestic or sexual violence may have performance or conduct problems such as chronic absenteeism or inability to concentrate as a result of the violence. When an employee subject to discipline confides that the job performance or conduct problem is caused by domestic or sexual violence, a referral for appropriate assistance should be offered to the employee.

D. Discrimination and Retaliation Protection for Employees Who Are Survivors/Victims of Domestic or Sexual Violence or Who Have a Family or Household Member Who Is the Victim of Domestic or Sexual Violence

1. In accordance with VESSA, Cook County shall not discriminate in the hiring process or, refuse to hire, discharge, or harass any prospective employee or employee, otherwise discriminate against any employee with respect to the compensation, terms, conditions, or privileges of employment, or retaliate against an employee in any form or manner because: (a) perceived to be or is a victim of domestic or sexual violence; (b) with the exception of the batterer, perpetrator or abuser, has participated in legal proceedings related to an incident of domestic or sexual violence of which the employee or a family or household member was a victim; or (c) if the workplace is disrupted or threatened by the action of a person whom the employee states has committed or threatened to commit domestic or sexual violence against the employee or the employee's family or household member.
2. For purposes of this section, discrimination, with respect to the terms, conditions, or privileges of employment, includes the failure to make a reasonable accommodation, of an otherwise qualified individual, absent undue hardship, to the known limitations resulting from circumstances relating to being a survivor/victim of domestic or sexual violence or having a family or household member who is the victim of domestic or sexual violence.
3. Reasonable accommodation may include leave options, adjustment to work schedules, additional security at the workplace, or workplace relocation if operations permit. In determining whether a reasonable accommodation would impose an undue hardship, factors to be considered include, but are not limited to, the nature and cost of the reasonable accommodation required, the overall financial resources of the facility involved in the provision of the reasonable accommodation and the impact to the operation of the department.

E. Disciplinary Procedures for Employees Who Commit Acts or Threats of Domestic or Sexual Violence

1. Cook County is committed to providing a workplace in which the perpetration of domestic or sexual violence is neither tolerated nor excused. Any physical assault or threat made by an employee while on Cook County premises, during working hours, or at a Cook County sponsored event is a serious violation of Cook County policy. This policy applies not only to acts against other employees, but to acts against all other persons. Employees found to have violated this policy will be subject to corrective or disciplinary action, up to and including discharge.
2. Employees who are convicted of a crime of domestic or sexual violence may be subject to corrective or disciplinary action, up to and including discharge, when such action affects the work performance of the employee, affects normal operations of Cook County, or otherwise implicates County rules.

F. Guidelines and Plan for Implementation

The Cook County Bureau of Human Resources is charged with the development of guidelines, training programs and written educational materials consistent with the goals of this policy. These guidelines and other material shall be used to assist individual County departments and offices in implementation of this policy. In implementation of this policy, each County department and office shall have the flexibility to address its individual needs and concerns provided they comply with VESSA. All County department heads and employees shall render such aid and assistance as is required for implementation of this policy.

Revised 1/18/06



WORKPLACE VIOLENCE PREVENTION

Health Care and Social
Service Workers
Provident Hospital

Definition



Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting


A workplace may be any location either permanent or temporary where an employee performs any work-related duty

Definition Cont'd

- This includes, but is not limited to, the buildings and the surrounding perimeters, including the parking lots, field locations, clients' homes and traveling to and from work assignments



Workplace Violence Includes:


- Beatings
- Stabbings
- Suicides
- Shootings
- Rapes
- Near-suicides
- Psychological traumas
- Threats or obscene phone calls 
- Intimidation
- Harassment of any nature
- Being followed, sworn or shouted at

Examples

- Verbal threats to inflict bodily harm; including vague or covert threats
- Attempting to cause physical harm; striking, pushing and other aggressive physical acts against another person



Examples

- Verbal harassment, abusive or offensive language, gestures or other discourteous conduct towards supervisors, fellow employees, or the public 
- Disorderly conduct, such as shouting, throwing or pushing objects, punching walls, and slamming doors

Examples

- Making false, malicious or unfounded statements against coworkers, supervisors, or subordinates which tend to damage their reputations or undermine their authority



Examples

- Inappropriate remarks, such as making delusional statements
- Fascination with guns or other weapons, bringing weapons into the workplace



Types of Workplace Violence

- Violence by strangers
- Violence by customers or clients
- Violence by co-workers
- Violence by personal relations



Statistics on Workplace Violence

- Homicide is the second leading cause of death in the workplace
- In 2007, there were 610 homicides in America's workplaces
- Assaults and threats of violence number almost 2 million a year

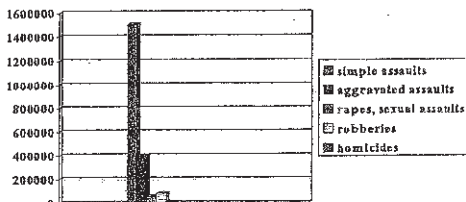


Statistics



- Most common was simple assaults: 1.5 million a year
- Aggravated assaults: 396,000
- Rapes and sexual assaults: 51,000
- Robberies: 84,000
- Homicides: nearly 1,000

Assaults and Homicides



Economic Impact of Workplace Violence

- Cost 500,000 employees 1,175,100 lost work days each year
- Lost wages: \$55 million annually
- Lost productivity, legal expenses, property damage, diminished public image, increased security: \$ billions \$



Risk Factors

- Prevalence of handguns and other weapons among patients, their families, or friends
- Increasing use of hospitals by the criminal justice system for criminal holds and the care of acutely disturbed, violent individuals



Risk Factors (cont'd)

- Increasing number of acute and chronically mentally ill patients being released from hospitals without follow-up care, who now have the right to refuse medicine and who can no longer be hospitalized involuntarily unless they pose a threat to themselves or others



Risk Factors (cont'd)

- Availability of drugs and money at hospitals, clinics and pharmacies, making them likely robbery targets
- Unrestricted movement of the public in clinics and hospitals



Risk Factors (cont'd)

- Presence of gang members, drug/alcohol abusers, trauma patients, distraught family members
- Low staffing levels during times of increased activity such as meal and visiting times, transporting of patients



Risk Factors (cont'd)

- Isolated work with clients during exams or treatment
- Solo work, often in remote locations, high crime settings with no back-up or means of obtaining assistance such as communication devices or alarm systems



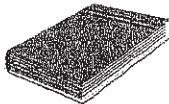
Risk Factors (cont'd)

- Lack of training in recognizing and managing escalating hostile and aggressive behavior
- Poorly-lighted parking areas



OSHA's Commitment

OSHA has developed guidelines to provide information to assist employers in meeting their responsibilities under the OSH Act.



OSHA Guidelines

- Not a new standard or regulation
- Advisory in nature and informational in content
- Intended for use by employers who are seeking to provide a safe and healthful workplace through effective workplace violence programs



OSHA Guidelines

Based on OSHA's Safety and Health Program Management Guidelines published in 1989



OSHA GENERAL DUTY CLAUSE:
SECTION 5(a)(1)

Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or likely to cause death or serious physical harm

This includes the prevention and control of the hazard of workplace violence



OSHA General Duty Clause (cont'd)

OSHA will rely on Section 5 (a)(1) of the OSH Act for enforcement authority



Workplace Violence
Prevention Program Elements

- Management Commitment and Employee Involvement
- Worksite Analysis
- Hazard Prevention and Control
- Training and Education
- Recordkeeping and Evaluation of Program



Management Commitment
and Employee Involvement

- Complementary and essential
- Management commitment provides the motivating force to deal effectively with workplace violence
- Employee involvement and feedback-enable workers to develop and express their commitment to safety and health



Management Commitment

- Organizational concern for employee emotional and physical safety and health
- Equal commitment to worker safety and health and patient/client safety
- System of accountability for involved managers, and employees

Management Commitment (cont'd)

- Create and disseminate a clear policy of zero tolerance for workplace violence
- Ensure no reprisals are taken against employees who report incidents
- Encourage employees to promptly report incidents and suggest ways to reduce or eliminate risks

Management Commitment (cont'd)

- Outline a comprehensive plan for maintaining security in the workplace
- Assign responsibility and authority for program to individuals with appropriate training and skills
- Affirm management commitment to worker supportive environment
- Set up company briefings as part of the initial effort to address safety issues

Employee Involvement



- Understand and comply with the workplace violence prevention program and other safety and security measures
- Participate in employee complaints or suggestion procedures covering safety and security concerns
- Prompt and accurate reporting of violent incidents

Worksite Analysis

- Step-by-step look at the workplace, to find existing or potential hazards for workplace violence



Worksite Analysis (cont'd)

- A "Threat assessment Team", Patient Assault Team, or similar task force may assess the vulnerability to workplace violence and determine appropriate actions



Worksite Analysis
Recommended Program

- Analyzing and tracking records
- Monitoring trends and analyzing incidents
- Screening surveys
- Analyzing workplace security



Hazard Prevention and Control

- Engineering controls and workplace adaptation
- Administrative and work practice controls
- Post incident response

Engineering Controls

- Alarm systems and other security devices
- Metal detectors
- Closed-circuit video recording for high-risk areas
- Safe rooms for use during emergencies
- Enclose nurses' station, install deep service counters or bullet-resistant glass in reception area, triage, admitting



Administrative and
Work Practice Controls

- State clearly to patients, clients, and employees that violence will not be tolerated or permitted
- Establish liaison with local police and state prosecutors
- Require employees to report all assaults and threats
- Set up trained response teams to respond to emergencies

Post-Incident Response

Provide comprehensive treatment for victimized employees and employees who may be traumatized by witnessing a workplace violence incident



Post-Incident Response

- Trauma-crisis counseling
- Critical incident stress debriefing
- Employee assistance programs to assist victims

Training and Education



- Ensure that all staff are aware of potential security hazards and ways of protecting themselves

Training and Education

- Employees should understand concept of "Universal Precautions for Violence", i.e., that violence should be expected but can be avoided or mitigated through preparation
- Employees should be instructed to limit physical interventions in workplace altercations unless designated emergency response team or security personnel are available

Training and Education

Training program should involve all employees, including supervisors and managers



Training and Education

- Workplace violence prevention policy
- Risk factors that cause or contribute to assaults
- Early recognition of escalating behavior or warning signs
- Ways to prevent volatile situations
- Standard response action plan for violent situations
- Location and operation of safety devices

Recordkeeping and Evaluation

- Recordkeeping and evaluation of the violence prevention program are necessary to determine overall effectiveness and identify deficiencies or changes that should be made

Recordkeeping



- OSHA Log of Injury and Illness (OSHA 300)
- Medical reports of work injuries assaults
- Incidents of abuse, verbal attacks, or aggressive behavior
- Information on patients with history of violence
- Minutes of safety meetings, records of hazard analyses, and corrective actions
- Records of all training programs

Evaluation

- Establish uniform violence reporting system and regular review of reports
- Review reports of minutes from staff meetings on safety issues
- Analyze trends and rates in illness/injury or fatalities caused by violence
- Measure improvement based on lowering frequency and severity of workplace violence

Sources of Assistance

- OSHA Consultation Program
- OSHA Internet Site www.osha.gov
- NIOSH
- Public Safety Officials
- Trade Associations
- Unions and Insurers
- Human Resource and Employee Assistance Professionals



**COOK COUNTY HEALTH
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Know Your Codes



KNOW YOUR EMERGENCY CODES

CODE RED	<p>A fire situation has occurred in a specific area of the hospital</p> <p>Remember: R – Rescue A – Alarm C – Confine E - Extinguish</p>
CODE BLUE	<p>A cardiac arrest has occurred in a location in the hospital. The Code Blue Team will respond. Dial x2-1911.</p>
CODE BLACK	<p>Severe weather is heading toward our location. Specific instructions will be given.</p>
CODE PINK	<p>Infant arrest.</p>
CODE I	<p>Some external event (i.e, plane crash, auto accident) whereby, our emergency room has the potential to receive patients from the current resources we can handle. All staff will immediately report back to their department for assignment. Staff off-duty may be asked to report back to work.</p>
CODE II	<p>Some internal event (i.e, large chemical spill, power outage, floor) has occurred which will cause a disruption of normal services. The Hospital Emergency Response Team will respond and act accordingly. A "Code II" may lead to total building evacuation to designated relocation points (only upon notification).</p>
CODE STRONG	<p>A situation has occurred, in which the personal safety of a staff member, patient or visitor may be jeopardized. Staff members in the area may either push the nearest RED duress button or call Security directly at x2-1270 (Emergency Line). Give your location and the situation.</p> <p>For further information, please refer to your Hospital, Fire, Safety & Disaster Manual and/or the Safety Department at x2-2385.</p>
DR. FALLS	<p>A patient, visitor or employee has fallen in a public area. Activate a Dr. Falls by dialing x2-1911. The operation will announce "Dr. Falls" and the location overhead and the House Physician, Transportation and a nurse will respond immediately.</p>



EMERGENCY CODES

CODE TRIAGE I

EXTERNAL DISASTER

CODE TRIAGE II

INTERNAL DISASTER

ALL CLEAR

**ALL CLEAR FOR ANY EMERGENCY
DEACTIVATION**

CODE BLUE

CARDIAC ARREST (MEDICAL EMERGENCY)

CODE RED

FIRE

CODE ORANGE

HAZARDOUS MATERIAL SPILL

CODE BLACK

SEVERE WEATHER

CODE PINK

INFANT ARREST

CODE GOLD

ESCAPED INMATE

CODE STRONG

SECURITY EMERGENCY

CODE FULL

HOSPITAL BEDS FULL


DR. FALL

VISITOR / EMPLOYEE ASSISTANCE




**COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS**

Reporting Suspected Abuse / Neglect




Understanding Abuse and Neglect

A Collaborative Training Module by the
Provident Hospital Medical, Nursing and Social
Work Staffs



Training Outline

- * Review of definitions and general facts
- * Outline of vulnerable populations
 - Victims of physical assault
 - Victims of sexual assault
 - Victims of domestic abuse
 - Victims of elder abuse and neglect
 - Victims of child abuse, neglect, or sexual molestation
- * Identification, screening and reporting within each vulnerable group
- * Local and national contact and referral information
- * Post-seminar test questions



Learning Objectives

- * At the end of this seminar, each participant should know:
 - The importance of identifying possible victims of abuse and neglect
 - Which groups are most vulnerable
 - What physical or mental signs or symptoms may be present with each vulnerable patient group



Learning Objectives

- * At the end of this seminar, each participant should know:
 - How patients are identified, screened or assessed in the Cook County Health and Hospitals System
 - Which abuse/neglect situations require mandatory reporting
 - How to connect victims with useful resources and support



General Facts

Fact # 1: Hospitals and health care settings may often be the primary opportunity for early identification and prevention of abuse and neglect.

Fact # 2: Often victims of abuse or neglect present to health care settings for reasons other than abuse or neglect. Therefore, the health care organization must be focused on identification, screening and assessing possible victims at every clinical encounter.



General Facts


Fact # 3: The State of Illinois requires mandatory reporting of many suspected cases of victims of abuse and neglect.

Fact # 4: As healthcare providers, we must educate ourselves about abuse and neglect, identify possible victims, and provide safe referrals and resources. These actions result in protecting our patients and our community.

General Treatment Guidelines

- * Questions should be open-ended and nonjudgmental
- * Avoid taking patient histories with possible perpetrator or abuser present
- * Document history and physical exam very carefully using exact words of patient, lots of details, and precise descriptions (including body drawings if needed)

Understanding Child Abuse, Neglect and Sexual Molestation



Definition of Child Abuse & Neglect

- > Child abuse is the mistreatment of a child under the age of 18 by a parent, caretaker, someone living in their home or someone who works with or around children.
- > The mistreatment may cause injury or put the child at risk of physical injury.
- > Child abuse can be physical, sexual, or emotional.
- > Neglect happens when a parent or responsible caretaker fails to provide adequate supervision, food, clothing, shelter or other basics for a child.

**Statistics and Facts
about Child Abuse & Neglect**

National

- 3 Million reports of child abuse/neglect per year
- 1 Million children found to be victims of abuse/neglect per year
- Over 2,000 deaths, most in children under the age of 5, due to child abuse/neglect year

Illinois

- 100,000 reports to the DCFS hotline with
- 30,000 victims of child abuse identified every year
- The vast majority, almost 80%, of all sexual assault victims are children

Possible Signs of *Child Neglect*

- * Failure to thrive
- * Medical or dental neglect
- * Delay in seeking medical care
- * Emotional neglect or psychological abuse
- * Parental substance abuse or mental health issues



Signs of *Physical Child Abuse*

- * Subdural hematomas,
- * Intra-abdominal injury
- * Fractures- long bones, skull, or vertebrae/rib metaphyseal fractures, especially in children less than 2 years of age*
- * Suspicious burns – immersion or patterned burns
- * Unexplained bruises*(especially in infants*) or skin injuries (any patterned skin lesions in any age child)
- * Bruises and fractures in infants and pre-ambulatory children are always concerning. Bruises on the abdomen or over non-bony parts of any child's body are always concerning.

About Child Sexual Abuse

Sexual Abuse may present as:

- Outcry of sexual abuse
- Witnessed assault
- Behavioral problem
- Ano-genital pain, bleeding or discharge
- STD or Pregnancy

Sexual Abuse includes:

- Intercourse, Fellatio, or Fondling
- Sodomy
- Voyeurism
- Pornography
- Trafficking of minors

Mandated Reporting in Illinois

* In the State of Illinois all healthcare providers including doctors, nurses, social workers, mental health professionals and therapists (OT, PT, LSH) are mandatory reporters of child abuse or neglect. If a mandated reporter suspects a child to be a victim of abuse or neglect they must file a report.


The number to call is: 1-800-25ABUSE (1-800-252-2873)

* Mandated reporters who make good faith reports have immunity from liability under the law. However, a mandated reporter's failure to report suspected instances of child abuse or neglect to DCFS constitutes a Class A misdemeanor and may result in further abuse, neglect or death of the child.

Services Provided by Child Protective Services


- * Assessing the child/family and documenting findings
- * Once consulted, helping the healthcare provider or team make a report to DCFS @ 1-800-252-2873 or 1-800-25-ABUSE
- * Connecting families to local resources and support
- * Providing comprehensive follow up care for children and families where abuse or neglect has been identified or suspected
- * Facilitating trainings to staff on issues related to child abuse and neglect and sexual abuse/assault

Understanding Elder Abuse and Neglect



Facts about Elder Abuse and Neglect

- * In order of prevalence, types of include:
 - Neglect—both caregiver and self-neglect
 - Psychological or Emotional
 - Financial Exploitation
 - Physical
 - Sexual



- * Estimated 2-10% of the elderly are estimated to be victims (depending upon sampling and definitions)*

*Lachs, MS & Pillemer, K, *Lancet*, October 2004

Facts about Elder Abuse and Neglect

- * 1-2 Million US persons 65 years or older have been injured, exploited, or neglected by someone on whom they depended for care or protection.¹
- * Only one out of six cases of abuse, neglect, exploitation, or self-neglect are reported to authorities.²

¹ Elder Mistreatment: Abuse, Neglect, Exploitation in an Aging America 2003, NCEA

² National Elder Abuse Incidence Study, 1996

The Victims and The Abusers

<u>Typical Victims</u>	<u>Typical Abusers</u>
<ul style="list-style-type: none"> * Are usually women over the age of 70 (75%) * Have physical and/or mental impairments * Are usually dependent on abuser for care * Are widowed or divorced * Often live with the abuser and socially isolated 	<ul style="list-style-type: none"> * Mostly male (54%), aged 30's to 40's * Greater than two-thirds are relatives of victim * May be socially isolated, a substance abuser, unemployed, or have a history of violence * May depend on the elder for finances or housing

Identifying Victims of Elder Abuse or Neglect

* *Some physical signs of elder neglect may include:*

- Malnutrition or Dehydration
- Poor hygiene, soiled clothing, unkempt
- Decubitus Ulcers
- Overprotective caregiver
- Clothing does not match weather conditions (usually with self-neglect)

Identifying Victims of Elder Abuse or Neglect

* *Some physical signs of elder abuse may include:*

- Bruises in various stages of healing
- Fractures, welts or burns
- Skin abrasions from restraints
- Injuries not consistent with explanation
- Overprotective or defensive caregiver



Identifying Victims of Elder Abuse or Neglect

* *Some psychological signs of elder abuse or neglect may include:*

- Anxiety
- Depression
- Agitated or fearful
- Suicidal thoughts
- Impaired decision making*

*In any suspected cases, the primary medical team and/or consulting psychiatry service should determine if the possible victim has medical decision-making capacity and document.




What to do when you suspect elder abuse or neglect

- * In any suspected cases, the hospital's Department of Social Work should be contacted for further assessment and assistance with any reporting.
- * The Social Worker in the assigned clinical area will:
 - *Coordinate assessment and reporting with the primary team*
 - *Ensure safe placement or housing options for the victim*





When to report Elder Abuse or Neglect


- * *Mandatory reporting of elder abuse or neglect is only required in victims who lack medical decision-making capacity*
- * *Victims with mental capacity will be encouraged by the medical and social work staff to report suspected abuse or neglect*
- * *All reporting is made to the Illinois Department on Aging*

**Key Contact Information for
Elder Abuse or Neglect**

- * Department of Social Work
 - (312) 572-2920 (For Inpatient Referrals)
 - (312) 689-6504 (For Emergency Referrals)
- * Illinois Department on Aging
 - 1-800-252-8966 (General)
 - 1-800-279-0400 (For After-Hours Reporting)
 - 1-800-252-4343 (For Reporting of Nursing Homes)

**Understanding
Sexual Assault and Rape**



**Some Facts about . . .
Sexual Assault and Rape**


- * 1 in 6 women¹ (17.7 million) and 1 in 33 men² (2.78 million) in the US are the victims of attempted or completed rape³
- * Most victims of sexual assault are very young:
 - 15% are less than 12 years old
 - 29% are less than 18 years old
 - 80% are less than 30 years old

¹Violence Against Women Survey, CDC 1998
²USDOJ Natl Crime Victimization Survey 2003
³USDOJ Natl Crime Victimization Survey 2004

**Some Facts about . . .
Sexual Assault and Rape**

- * Victims of sexual assault are more likely to be depressed (3 x more), have post-traumatic stress disorder (6 x more), abuse alcohol (13 x more), abuse drugs (26 x more)¹
- * Perpetrators of sexual assault are only reported in 40% of cases² and only 6% will ever spend time in jail³

¹WHO, 2002
²USDOJ, Rape and Sexual Assault Reporting, 1992-2000
³National Center for Policy Analysis, Crime/Punishment in America, 1999



**Identifying Victims of
Sexual Assault or Rape**

- * Most patients directly report being sexually assaulted or raped and may be brought to hospital by police
- * However, other patients may deny. Some identification signs may include:
 - Suspicious genital or rectal tears
 - Patterned abrasions on neck, elbows or feet

**How to assess and help
Victims of Sexual Assault or Rape**

- * In order to complete appropriate history and physical exam, appropriate consents must be obtained (depending upon age of victim)
- * All suspected cases are reported to the City of Chicago Police Department in accordance with mandatory reporting laws in the State of Illinois

How to assess and help Victims of Sexual Assault or Rape

- * **Physical exam and documentation**
 - State Police Sexual Assault Collection Kit to be used only once Police Report initiated
 - Documentation of all bruises, bite marks, bumps and other physical/emotional signs should be noted
- * **Lab Tests***: STDs, HIV, U/A, Pregnancy

*Medications may be given for STDs, pregnancy or HIV exposure (as indicated and desired)

Rape Victims Advocacy (RVA) Team

* On the Provident Hospital campus, a specialized group of counseling experts, known as the **Rape Victim Advocacy Team** (or **RVA**) are available for any suspected cases of sexual assault or rape.

They provide:

- Immediate protection for the victim
- Local resources and support to victims and families
- Immediate and ongoing legal and counseling services

Key Contact Information for Sexual Assault and Rape

- * **Rape Victims Advocacy (RVA) Service**
 - (773) 907-1062 (24 hour On-Call Service)
- * **Chicago Rape Crisis Line:**
 - 1-888-293-2080

Understanding Domestic Abuse and Intimate Partner Violence



Some Facts about . . . Domestic Abuse or Violence

- * Intimate partner abuse results in 2 million injuries to women and 600,000 injuries to men each year in the United States
- * In 70-80% of intimate partner homicides, the female victim was physically abused before the murder.


(Assessing Risk Factors for IPH NIJ Journal, 2003)
(CDC, Morbidity and Mortality Weekly Report, 2008)

Some Facts about . . . Domestic Abuse or Violence

- > 15.5 million children in the United States live in families in which partner violence occurred at least once in the past year, and 7 million children live in families in which severe partner violence occurred.

(Journal of Interpersonal Violence 2003)






Identifying Victims of Domestic Abuse or Violence

- * Many patients are too ashamed or afraid to disclose the abuse they experience but will disclose it if the provider initiates the conversation in a sensitive non-judgmental manner.
- * In four different studies of survivors of abuse, 70 percent to 81 percent of the patients studied reported that they would like their healthcare providers to ask them privately about Intimate Partner Violence.


(*Inside Pandora's Box: Abused Women's Experiences with Clinicians and Health Services*)



How to Ask about Domestic Violence

Begin with framing statements like:

- * Because domestic violence is a major health problem, I've begun asking all my patients about it.
- * Because violence is so common, our policy is to ask everyone a few questions about abuse....
- * Many of my patients report not feeling safe at home, so I now ask about it routinely....



How to Ask about Domestic Violence

Sample Questions

- * "Has your partner or family member ever hit, kicked or slapped you or hurt you in any other way?"
- * "Has your partner ever forced you to have sex against your will?"
- * "Are you afraid of your partner or afraid to go home?"



How to assess and help Victims of Domestic Abuse & Violence

- * Although the State of Illinois does not mandate reporting, suspected victims should be encouraged to report to the City of Chicago Police Department.

- * Understand that it should be the patient's choice; calling the police does not work for all victims.



Hospital Crisis Intervention Project (HCIP) Service

- * On the Provident Hospital campus, a specialized group of counseling experts, known as the *Hospital Crisis Intervention Project (or HCIP)* is available for suspected cases of domestic abuse.

- * They help provide:
 - An immediate safety assessment for the victim
 - Local resources and support for victims
 - Immediate and ongoing legal and counseling services
 - Individual and family safety plans



Key Contact Information for Sexual Assault and Rape

- * City of Chicago & Statewide DV 24 Hour Helpline
 - 1-877-863-6338

- * Hospital Crisis Intervention (HCIP) Service
 - (312) 864-1095 (Office Number)



Final Words about Abuse and Neglect

- * *Ask* or screen for victims of trauma, abuse, or neglect
- * *Document* history and physical carefully
- * *Report* suspected cases to hospital and to required external agencies (DCFS, Police, Council on Aging)
- * *Support* victims through on-site resources and community linkages to comfort the victim now and help protect them in the future!!



Abuse & Neglect Contact Numbers

Child Abuse

IL DCFS: 1.800.252.2873

Elder Abuse

Inpatient Social Work: 1.312.572.2920

On-Call: 1.312.689-6504

IL Dept of Aging: 1.800.252.8966 or

1.800.279.0400 (after hours)

1.800.252.4343 (for reporting of Nursing Homes)

Sexual Assault / Rape:

Rape Crisis Center: 1.888.293.2080

Domestic Violence:

City of Chicago & Statewide

Domestic Violence 24 Hour Helpline: 1.877.863.6338

Hospital Crisis Intervention (HCIP) Service

1.312.864.1095 (Office)



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

Corporate Compliance

HIPAA



CORPORATE COMPLIANCE PROGRAM

The **primary mission** of the Corporate Compliance Program is to uphold the mission, vision, and core goals of Cook County Health & Hospitals System (CCHHS) by establishing and supporting a system-wide culture of honesty and respect to guide everyone's actions by

- Developing standards
- Increasing awareness
- Promoting honest behavior and professional responsibility

through education, awareness, and shared accountability that promotes compliance with applicable laws, regulations, and system policies.

.....

Our vision is to ensure safeguards are in place for our patients, our staff, and the public at large. The Corporate Compliance Program will be a resource to everyone affiliated¹ with Cook County Health & Hospitals System.

¹ For the purposes of this statement, "affiliated" is defined as all employees, medical staff, house staff, Board members, volunteers, students, patients, partners, consultants, agency personnel, and vendors.

We accomplish our mission and vision through education, both formal and informal, that addresses a myriad of legal and regulatory requirements applicable in the health care setting.

Some of the areas that fall into the Corporate Compliance scope include:



- Accurate Books and Records
- Anti-kickback
- Conflict of Interest
- Emergency Medical Treatment and Labor Act (EMTALA)
- False Claims
- Health Care Fraud and Abuse
- Marketing and Purchasing
- Patient Privacy, Confidentiality, and Security (HIPAA)
- Political Activity (including Shakman Compliance)
- Research
- Theft

Remember

Compliance is everyone's responsibility.

Together we are responsible for doing the right thing because it's the right thing to do!
(even when no one's looking)



Compliance is about honesty

Honesty in dealing with

- our patients,
- the public, and
- the government.

It includes honesty

in the way we do our work
day in and day out.

Compliance is about respect

- for our patients, their families and significant others, and for patients' rights to make informed decisions about their care.
- for privacy, confidentiality, and security of information about patients, colleagues and visitors.
- for our co-workers and other members of the Cook County Health & Hospitals System, whether they are directly involved in patient care or not - for example in administrative, support areas, education or research.

Compliance is about following the rules

The rules are found in our

- policies and procedures and
- in laws and regulations

It's about knowing your limits and asking questions if you don't know the answer.

Compliance is about

Us collectively, as a health care organization
and
it's about You individually.

We have a responsibility as individuals and collectively to behave honestly with professional responsibility.

Everyday we make many decisions. Each decision has an impact.
The Compliance Program is your resource; we can help guide you in your decision-making.

Compliance Program Hot Line:	1-866-489-4949 24/7 availability
Compliance Program E-mail:	compliance@ccbhs.org
Compliance Program Phone:	312-864-7336
Compliance Program Fax:	312-864-9825
Chief Compliance Officer:	Cathy Bodnar MS, RN,CHC
Location:	1900 West Polk (Admin Bldg) Suite 123

COOK COUNTY HEALTH & HOSPITALS SYSTEM

● HIPAA AWARENESS ●

....doing the right thing...because it's the right thing to do!

H e a l t h i n s u r a n c e P o r t a b i l i t y and A c c o n t a b i l i t y A c t of 1996, or HIPAA, is a federal law about the privacy, confidentiality and electronic security of protected health information (also known as PHI).

HIPAA has of two parts:

The Privacy Rule applies to Protected Health Information (PHI) in any form – written, stored electronically, and spoken in conversation.

The Security Rule covers PHI that is electronically stored or transmitted.

As health care workers, it is our responsibility & duty to protect our patient's PHI.

You have an obligation to follow the rules, which include CCHHS policies and procedures in addition to the laws and regulations.

- Try to keep conversations on patient information to a private place so PHI cannot be overheard;
- You **must** always ask the patient if it is okay to discuss their health information with others present;
- Always protect PHI on computers by signing off when you are finished working;
- Use the minimal amount of PHI in electronic communications and only to people with a “need to know”;
- Be sure to double check phone numbers when you're faxing PHI or addresses when you're mailing PHI;
- Properly dispose of material containing PHI – not in public receptacles;
- Don't look up information about your family or your friends, other employees, people in the public eye, or your own information either.
- Don't look up patient information for research purposes without IRB approval;
- Don't share passwords or personal access codes that would permit access to confidential patient information.

Remember, it is not only your duty & responsibility to protect our patients PHI, it is the law!



Compliance Hot Line
1-866-489-4949
Employees: compliance@ccbhs.org
Patients: privacy@ccbhs.org

Cathy Bodnar
Chief Compliance Officer



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

Information Systems Security



Provident Hospital of Cook County

INFORMATION SECURITY RULES OF THE ROAD

GENERAL STATEMENT

The Cook County Health and Hospitals System (CCHHS) intentions for publishing these rules are not to impose restrictions that are contrary to our established culture of openness, trust, and integrity. CCHHS is committed to protecting the public, our employees, partners, and CCHHS itself from illegal or damaging actions by individuals, either knowingly or unknowingly. The 21st century environment of connected technologies offers many opportunities for malicious or unknowing people from all over the world to anonymously attack, damage, and corrupt vital information and to disrupt our ability to communicate effectively and accomplish the mission of this hospital. Effective security is a responsibility and a team effort involving the participation and support of every employee who deals with information and/or information systems. It is the responsibility of every employee to know, understand, and adhere to security policies, procedures, standards, and rules and to conduct their activities accordingly. These rules shall be used to provide guidance and protection to CCHHS employees and to safeguard the information resources our patients entrusted to us.

THE INFORMATION SECURITY OFFICER STATEMENT

Based on the International Organization for Standardization (ISO) 17799:2000 Standards for Information Security, these standards and rules were created to be clear, concise, and easy to understand. It is also important that standards and rules do more than dictate another layer of rules and regulations that we all must follow. They must be educational and speak to the most important aspects of our existence, which are the public good and our employees. Thank you in advance for your support as we do our best to create a secure environment and fulfill our mission.

1. ACCEPTABLE USE OF INFORMATION RESOURCES

These rules are in place to protect the public, our employees, and CCHHS. Inappropriate use of our information resources exposes CCHHS to risks, including virus attacks, compromise of network systems and services, and legal issues. CCHHS resources are made available to employees to conduct official business, and not to be used to conduct personal business, business related to outside employment, or for personal benefit. Employees are advised that there should be no expectation of privacy when using any CCHHS information resources. To ensure safety and security:

- Users must not share their user account(s), passwords, Security Tokens (i.e., Smartcard), or similar information or devices used for identification and authorization purposes.
- Users must not attempt to access any data or programs contained on CCHHS systems for which they do not have authorization or explicit consent.
- If an employee is sent, delivered, or inadvertently accesses inappropriate or prohibited material, or the material contains confidential information that the

employee does not have “need-to-know” access to, or authority to receive; the employee is required to immediately secure the material from view and notify his/her supervisor.

- Users must not make unauthorized copies of copyrighted software.
- Users must not install or use nonstandard software, shareware, or freeware software, including games.
- Users must not attempt to circumvent approved antivirus software or make any changes to accepted configuration of antivirus software.
- Users must not download, install, or run security programs or utilities that reveal or exploit weaknesses in the security of a system.
- Users must report any weaknesses in CCHHS computer security, any incidents of possible misuse, or violation of this agreement to the information security officer at 312-864-HELP.

2. INTERNET USE

In addition to being an excellent resource for information, and a revolutionary way to communicate with the world, the Internet is a rapidly changing and volatile place that can accurately be referred to as “The Wild West.” The following rules are intended to provide guidance and protection while still making available this useful business tool to CCHHS employees. The following rules apply when using the Internet:

- All software used to access the Internet must be part of CCHHS standard software suite. This software must incorporate all vendor-provided security patches.
- Software for browsing the Internet is provided to authorized users for business and research use only, except where otherwise noted in the incidental use section.
- Users must not download or install any software from the Internet without authorization of the Information Systems department.
- Non-business-related purchases or sales made over the Internet are prohibited.
- All user activity on the Internet is subject to logging and review.

3. EMAIL USE

E-mail use has become the standard method of communication. Email is inherently insecure and messages can easily be intercepted, read, or changed. Additionally, email is the number one doorway to viruses and worms that infect and destroy valuable information. E-mail is subject to the following rules:

The following activities are prohibited as they conflict with CCHHS Code of Ethics:

- Sending e-mail that is intimidating or harassing.
- Using e-mail for purposes of political lobbying or campaigning.
- Violating copyright laws by inappropriately distributing protected works.
- Posing as anyone other than oneself when sending or receiving e-mail.

- The following activities are prohibited because they impede the functioning of network communications and the efficient operations of our email system:
- Sending or forwarding chain letters.
- Sending unsolicited messages to large groups except as required to conduct hospital business.
- Sending excessively large messages.
- Sending or forwarding e-mail that is likely to contain computer viruses.
- Email users must not give the impression that they are representing, giving opinions, or otherwise making statements on behalf of CCHHS.
- Individuals must not send, forward, or receive confidential or sensitive CCHHS information through non CCHHS email accounts. Examples of non CCHHS e-mail accounts include, but are not limited to, consumer oriented products like Hotmail, Yahoo mail, AOL mail, and email services provided by other Internet Service Providers (ISPs). Users of these products should not use nor expect support for these products on CCHHS networks.
- Individuals must not send, forward, receive, or store confidential or sensitive CCHHS information utilizing non CCHHS accredited mobile devices. Examples of mobile devices include, but are not limited to, Personal Data Assistants (PDA), two-way pagers, and cellular telephones.
- Email messages and Internet sites accessed are not private but are property of CCHHS. CCHHS may print and review e-mail messages and Internet sites accessed by an employee's system.
- Report suspicious emails to the Information Systems department. ***Do not open them.***

4. INCIDENTAL USE OF INFORMATION RESOURCES

As a convenience to CCHHS user community, incidental use of information resources is permitted. Only brief and occasional use is considered to be incidental. The following rules on incidental use apply:

- Incidental personal use of email, Internet access, fax machines, printers, copiers, and so on, is restricted to CCHHS approved users; it does not extend to family members or other acquaintances.
- Incidental use must not result in direct costs to CCHHS.
- Incidental use must not interfere with the normal performance of an employee's work duties.
- Incidental use of CCHHS information resources must not involve solicitation in any form, must not be associated with any outside business or employment activity, and must not potentially embarrass or offend CCHHS.
- Storage of personal email messages, voice messages, files, and documents within CCHHS information resources must be nominal.
- All messages, files, and documents – including personal messages, files, and documents – located on CCHHS information resources are owned by CCHHS, may be subject to open records requests, and may be accessed in accordance with this statement.

5. PASSWORD

All of the work being conducted at CCHHS to secure confidential information will be ineffective if the most important aspect of information security, the daily users of our information resources, share passwords that access critical, confidential, or sensitive information. Think of passwords as a "shared secret" between you and CCHHS information resources. The following rules apply to password use:

- All passwords, including initial passwords, must be constructed and implemented according to CCHHS accepted and approved standards.
- User account passwords must not be divulged to anyone at any time or for any reason.
- If passwords are forgotten or disclosed or if the security of a password is in doubt, the password must be changed immediately by contacting the Help Desk at 312-864-HELP.
- Administrators must not circumvent the password guideline for the sake of ease of use.
- Whenever possible, users must not circumvent password entry with auto logon, application remembering, embedded scripts, or hardcoded passwords in client software.
- Computing devices must not be left unattended without enabling a password protected screensaver, locking the workstation, or completely logging off of the device.
- If passwords are found or discovered on documents of any kind, the following steps must be taken:
 - Take possession of the passwords and protect them.
 - Report the discovery to the Help Desk.
 - Transfer the passwords to an authorized person as directed by the Help Desk.

6. PORTABLE COMPUTING

Laptop computers, PDAs, and other portable computing devices are a great convenience and are becoming more and more a part of doing business. They also come with many risks, including ease of theft, operation in unsecured environments, and easily intercepted wireless communications. To protect our valuable information, users of portable computing devices must follow these rules of use:

- Only CCHHS approved portable computing devices may be used to access CCHHS information resources.
- Portable computing devices must be password-protected.
- CCHHS data should not be stored on portable computing devices.
- However, if there is no alternative to local storage, all sensitive CCHHS data must be encrypted using approved encryption techniques.
- CCHHS data must not be transmitted via wireless to or from a portable computing device unless approved wireless transmission protocols along with approved encryption techniques are utilized.
- All computer systems accessing CCHHS resources from an external location must conform to CCHHS standards for configuration and connectivity.

- Unattended portable computing devices must be physically secure. This means they must be locked in an office, locked in a desk draw or filing cabinet, or attached to a desk or cabinet via a cable lock system.
- Personal devices not owned by the hospital (PDA's, laptops) are not allowed to be connected to the CCHHS network or connected to CCHHS computers.
- Use of portable storage devices (thumb drives, flash drives) must be authorized by the Information Security Officer.

7. STANDARD DEFINITIONS

Ownership of Information

All documents generated as a result of a CCHHS business activity stored anywhere on or off CCHHS premises; and electronic files created, sent, received, or stored on information resources owned, leased, administered, or otherwise under the custody and control of the CCHHS are the property of CCHHS.

Privacy

Electronic files created, sent, received, or stored on information resources owned, leased, administered, or otherwise under the custody and control of CCHHS are not to be considered private.

Information Resources

Any and all computer printouts, online display devices, magnetic storage media, and all computer-related activities involving any device capable of receiving e-mail, browsing Web sites, or otherwise capable of receiving, storing, managing, or transmitting electronic data including, but not limited to, mainframes, servers, personal computers, notebook computers, handheld computers, personal digital assistants (PDAs) pagers, distributed processing systems, telecommunication resources including cell phones and voicemail systems, network environments, telephones, fax machines, printers, and service bureaus. Additionally, it includes the procedures, equipment, facilities, software, and data that are designed, built, operated, and maintained to create, collect, record, process, store, retrieve, display, and transmit information.

Incidental Use

The use of CCHHS information resources for personal use must be infrequent and use only a small amount of an employee's personal time either inside or outside the regular workday. Occasional use of CCHHS information resources during an employee's 15-minute break would be considered incidental. Only brief and occasional use is considered to be incidental. Solicitations of any kind are not permitted.

Portable Computing Devices

Portable computing devices include any easily portable device capable of receiving and/or transmitting data to and from wireless devices. These include, but are not limited to, notebook computers, handheld computers, PDAs, pagers, and cell phones.



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

**Environment of Care /
Life Safety /
Emergency Management**

Environment of Care/ Life Safety/ Emergency Management



Overview

- ❑ The focus of the Environment of Care (EC) is to promote a safe, functional and supportive environment within the hospital so that quality and safety are preserved.
- ❑ EC stresses the importance of managing risks. These are different from risks associated with provision of care, treatment and services.

It is important that you familiarize yourself with your respective facility's EC Program

Environment of Care/ Life Safety/Emergency Management

- Prior to 2009, EC standards included Life Safety and Emergency Management
- In January 2009, the Joint Commission separated EC into 3 individual standards:
 - Environment of Care
 - Life Safety
 - Emergency Management

This separation was made to emphasize the importance of each component.

Risks in the Environment of Care

- **Safety** - Trip hazards that lead to a fall
- **Security** - Smoking, property damage/loss
- **Fire** - Improper storage of materials, smoking
- **Hazardous Materials and Waste** - Spills, exposure/contact
- **Medical Equipment** - Equipment failure
- **Utility Systems** - System failure or disruption
- **Emergencies/Disasters** - Medical surge, Tornadoes

Safety Management

- The purpose of Safety Management is to reduce the Risk of Injury to:
 - Patients
 - Visitors
 - Staff
- via a plan that includes processes designed to minimize the risk of harm by education; implementation of safety procedures and practices that eliminate as far as practical, recognized hazards to patients, visitors and staff.

Safety Management *(cont'd)*

- Report any safety incident / injury to your Supervisor and your Facility's Safety Officer / Security
- Complete the appropriate forms and / or reports as instructed by your Supervisor
- Safety is everyone's responsibility

Safety Risk Assessment Program

- Risk Assessment is an important step in protecting patients, employees and visitors. It focuses on risks that are or can be prevalent in our facility.

A 5-Step Program has been developed:

- Step 1 - Identify the Hazards
Spot hazards by:
 - Walking around the workplace
 - Asking staff what they believe are hazards
 - Checking manufacturer instructions

Safety Risk Assessment Steps (cont'd)

- Step 1 (cont'd)
When thinking about risk assessment, remember:
A HAZARD is anything that may cause harm, such as chemicals, electricity, boxes on the floor, etc.
- Step 2 - Decide who might be harmed and how
Identify groups of people:
 - Full-time staff
 - Patients
 - Part time or people unfamiliar with risks
 - Visitors

Safety Risk Assessment Steps (cont'd)

- Step 3 - Evaluate the risks and decide on the precautions.

List what is already in place to reduce the likelihood of harm or make any harm less serious

- Step 4 - Record your findings and implement them

Reduce risks by comparing what you are doing with good practice.

Safety Risk Assessment Steps (cont'd)

- Step 5 - Review your assessment and update if necessary
 - Prioritize. Address "high" risks first
 - Document actions completed and by whom

Emergency Management

- The purpose of the Emergency Management Program is to assure appropriate responses for emergencies which may disrupt the continuum of normal patient care services.
- Emergencies/Disasters can include:
 - Power failures
 - Floods
 - Water and fuel shortages
 - Extreme weather conditions
 - Bio-terrorism attacks

Emergency Management (cont'd)

- Classification of Disasters:
 - **Internal** - Emergencies that originate inside the facility or on the hospital campus (fire/explosion, electrical power outage, phone outage, paging outage, loss of water, chemical spills, flooding, fumes/odors, severe weather, medical gas system failures, infant abduction and pneumatic tube system outages, etc.)
 - **External** - Emergencies that originate outside of the hospital (earthquakes, tornadoes, industrial accidents, building collapses, transportation accidents, terrorist incidents, mass casualties, etc.)

Drills test our level of responsiveness to Emergencies/Disasters

Emergency Management (cont'd)

□ **Four Phases of EM**

- Mitigation (prevention)
- Preparedness
- Response
- Recovery

CCHHS identifies hazards threats and adverse events and assesses their impact patients, visitors and staff.

Life Safety

- The purpose of the Life Safety Management Program is to protect building occupants from fire by performing adequate procedures and training staff in appropriate handling of fires.
- Smoking is prohibited in or on any CCHHS facility.

Infractions of the policy will result in progressive disciplinary action up to and including termination of employment.

Life / Fire Safety

- **FIRE** - When you see fire or smoke, announce Code Red and implement the Fire Plan (**RACE**)



R - Remove/rescue anyone in danger, then close the door to the fire room

A - Activate/pull the Fire Alarm

C - Confine/contain fire by closing all the doors

E - Extinguish the fire if you can do it safely



Life / Fire Safety (cont'd)

Steps for using the fire extinguishers (**PASS**)

P - Pull the pin

A - Aim the hose/nozzle at the fire

S - Squeeze the trigger/handle

S - Sweep the extinguisher at the base of the fire



CLASS OF FIRES	TYPES OF FIRES	PICTURE SYMBOL
A	Wood, paper, cloth, trash & other ordinary materials.	
B	Gasoline, oil, paint and other flammable liquids.	
C	May be used on fires involving live electrical equipment without danger to the operator.	
D	Combustible metals and combustible metal alloys.	
K	Cooking media (Vegetable or Animal Oils and Fats)	

Life / Fire Safety (cont'd)

- You should **always remember:**

When evacuating, remember to go horizontally first through fire/smoke doors in the corridors and down stairways.

Never use the elevators during a fire. Stairways provide protection against flames.

Meet in your department's designated meeting location.

Interim Life Safety Measures (ILSM)

- Interim Life Safety is a measure taken by the hospital to provide a level of protection that meets or exceeds the level of protection that was provided by the structure or system before it was altered.

Example:

Construction needs to be done in your work area that compromises your ability to exit the area safely. Staff are trained appropriate ways to exit the area safely.



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

Medical and Clinical Equipment

MEDICAL / CLINICAL EQUIPMENT



COOK COUNTY HEALTH
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Overview

- The purpose of the Medical / Clinical Equipment Management Program is to promote patient care by optimizing the safety, performance, efficiency and cost-effectiveness of diagnostic, therapeutic, monitoring and supportive equipment that is used in the facility.

Types of Equipment

- **Hospital owned or leased High-Risk Patient Care Equipment**
 - All powered equipment used in the diagnosis, treatment, and monitoring of patients.
 - Does not include simple laboratory or patient care beds.
- **Privately owned Patient Care Equipment**
 - High risk patient care equipment used by physicians' or technical staff and owned by the staff such as physicians' hand tools.
- **Patient Care Communication Systems**
 - Nurse Call Systems.
 - Not included in this classification are telephones, general hospital paging devices or overhead paging devices.

Types of Equipment (cont'd)

- **High-Risk Non-Patient Care Equipment**
 - Non-Patient Care Equipment such as dietary/kitchen equipment, environmental services equipment, central sterile supply equipment, laboratory equipment, and physical plant mechanical equipment is designated as high risk due to the electrical power supply, critical monitoring or calibration.
- **Personally Owned Non-Patient Care Electrical Devices (Patient or staff owned electrically powered devices such as radios, televisions, coffee pots, microwave ovens etc.)**
 - Non-patient care personally owned equipment will only be tested for electrical safety upon request.
 - No privately owned television sets may be used.
 - VCR/DVD cannot be hooked into the hospital television system.

Types of Equipment (cont'd)

- **Low-Risk Equipment**
 - **Low-Risk Non-Patient Equipment**
 - Television sets, powered hand tools, floor maintenance or food preparation equipment, water fountains, window air-conditioning units etc.
 - **Low-Risk Patient Care Equipment**
 - Simple laboratory equipment, sphygmomanometers, cycle therapy pumps, wheelchairs and stretchers, view boxes etc.
 - **Typical Office Equipment**
 - Typewriters, computers, equipment typically found in an office environment.

Types of Equipment (cont'd)

- Electrically operated equipment will be subject to an incoming inspection by Skilled Trades, Electrical Equipment Control.



- Skilled Trades Department and Central Sterile Supply maintain an equipment inventory listing and equipment history of each item in the Equipment Management Program.
- Skilled Trades Departments performs scheduled maintenance for all hospital owned high-risk patient care equipment, despite ownership.

Equipment Maintenance

- Scheduled maintenance for leased or rented equipment may be performed by Skilled Trades or the owner.
- Scheduled maintenance for owned or leased equipment includes:
 - Inspection
 - Preventive and corrective maintenance
 - Functional testing
 - Performance testing and calibration
 - Safety testing
- When it has been determined that a device is broken, nonfunctional and/or that any safety mechanism is not operating properly the equipment is taken "out of service" and tagged appropriately



Retirement of Equipment

- Equipment will be retired from service for one or more of the following reasons:
 - No longer permits the hospital to provide an appropriate standard of care because:
 - It employs an obsolete modality
 - Does not meet commonly accepted criteria
 - Is not used in current practice
 - Presents undue risk to patient or personnel
 - It breaks down frequently or is expensive to maintain
 - Repair parts or services are no longer available
 - Newer equipment is more cost effective
 - Its function is included in a piece of multifunction equipment that is being purchased
 - The equipment no longer supports the hospital's scope of services

Equipment Responsibilities

- Department Heads:
 - Ensure all patient care and non-patient care equipment is appropriate to the scope of the department/hospital's service
 - Ensure all patient care and non-patient care equipment is included in the equipment management program
 - Will maintain inventory/listing and equipment history for each item
 - Will ensure that patient care equipment is visually inspected before each use and skills trades is notified whenever an item is in need of repair and tagged appropriately
 - Will ensure any equipment purchased, leased or rented is inspected and tagged by the Physical Plant Skilled Trades Department before initial use of the equipment.
 - Will provide training for all departmental or unit personnel in equipment operation, safety, hazard recognition, prevention and problem reporting.
 - Will notify Electrical Equipment Control of new patient care equipment.
 - Will request retirement of equipment as needed.

Equipment Responsibilities *(cont'd)*

- **Central Sterile Supply:**
 - Maintains and inventory of all patient care equipment assigned to Nursing Department.
 - Will ensure equipment is inspected at least annually.
- **Equipment Operator/User:**
 - Will visually inspect all equipment for frayed cords, loose or broken plugs, or obvious visible damage before each use.
 - Ensure that the equipment in use performs as expected.
 - Reports problems immediately to supervisor and ensures equipment is immediately tagged and taken out of service.

Equipment Responsibilities *(cont'd)*

- **Skilled Trades:**
 - Will document and perform initial safety inspections and make evaluations on all equipment.
 - Will perform scheduled maintenance.
 - Will conduct periodic "equipment rounds" on clinical units and nursing units.
- **Equipment Operator/User:**
 - Will visually inspect all equipment for frayed cords, loose or broken plugs, or obvious visible damage before each use.
 - Ensure that the equipment in use performs as expected.
 - Reports problems immediately to supervisor and ensures equipment is immediately tagged and taken out of service.



**COOK COUNTY HEALTH
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CCHHS

Hazardous Materials & Waste Management

Hazardous Materials & Waste Management



Overview

- The purpose of the Hazardous Materials and Waste Management Program is to identify and manage materials known to have the potential to harm humans or the environment



Definitions of Hazardous Materials

Substances



Ignitable



Corrosive

Characteristics

- Catches fire easily
- Examples:
 - Xylene - Benzene
 - Acetone - Methanol

- Can burn the eyes on contact or corrode standard containers
- Examples:
 - Sodium Hydroxide - Sulfuric Acid
 - Hydrochloric Acid



Reactive



Toxic

Substances

Characteristics

- Can catch fire, explode or give off dangerous fumes
- Examples:
 - Formaldehyde - Hydrogen Peroxide
 - Sodium Azide - Perchloric Acid

- Poisonous chemicals that can be accidentally inhaled, swallowed or absorbed through the skin
- Examples:
 - Sodium Hydroxide - Sulfuric Acid
 - Hydrochloric Acid

Definitions of Hazardous Materials (cont'd)

- **BE CAREFUL!** The proper handling of materials requires safety. However, if handled carelessly, they can cause immediate, long-term, or potentially FATAL problems.

ACUTE Effects: May appear quickly and severely ... drinking poison

CHRONIC Effects: Appear after long-term exposure ... smoking cigarettes

FATAL Effects: Obviously appear if there is no cure

- There are three (3) usual routes of exposure:

Skin & Eye Contact: These can produce irritation, allergy symptoms, rashes or contact dermatitis. They can also lead to temporary or permanent blindness.

Inhalation: This can cause dizziness, nausea or headache. It can also lead to permanent harm to nose, throat and lungs.

Swallowing: This can damage the stomach, liver or other organs.



Needle Safety

Needle Handling Safety is a sensitive topic. It is easy to think "It won't happen to me" or "It won't matter if I just put the needle down where others can see it. They won't get stuck." But the evidence is in. Needle sticks are the most common accident in the health care setting. They can cause pain, emotional distress, and in some cases, deadly diseases.

Improper disposal of needles endangers yourself and others, and can result in costly fines to the Hospital and even refusal to process general waste. Take the time to learn and follow the proper procedures. You will be protecting your own health and safety and the well-being of your patients, co-workers, as well as the institution as a whole.

Safe Handling Procedures

- ❑ Ensure you place Sharps in the appropriate container



- ❑ Do not recap or manipulate used needles



- ❑ Never leave exposed needles on the IV pole

Safe Handling Procedures (cont'd)

- ❑ Ask for assistance before attempting to give an injection or draw blood from a frightened or uncooperative patient



Hazardous Materials & Waste Management

❑ Discard waste into proper containers:

Red-Infectious waste

Hard plastic - sharps

Beige - normal waste

Yellow or gray - chemotherapy waste

Right to Know Law

You have a right to information about products you handle which can cause harm. Contact your supervisor for more information.



Hazardous Materials & Waste Management (cont'd)

❑ Material Safety Data Sheet (MSDS) contains:

- Identifies product and provides chemical name
- Physical and chemical characteristics of all hazardous components
- Signs and symptoms of physical and health hazards
- Information and precautions regarding spills, exposure, safe handling and clean up
- Emergency first aid measures in case of exposure
- Employees should always use assigned and appropriate Personal Protective Equipment (PPE) as required and as recommended by your supervisor



Precautions ~ Do's

□ DO ...

- Remove objects that could explode, burn or reach with **anything** nearby
- Remove food and drinks from the work area
- Know the location of emergency showers and eye wash stations
- Make sure that the correct type of safety equipment is nearby, filled and ready for use



Precautions ~ Do's (cont'd)

□ DO ...

- Check for adequate ventilation
- Know who to contact and what to do in an emergency
RACE ... PASS ... dial x2-1911
- Follow safety rules
- Keep your work area clean
- Take safety training seriously



Precautions ~ Do's

□ DON'T ...

- Leave container open when not in use
- Depend on a "strange smell" to detect gases in the air. Remember, Carbon Monoxide is odorless ... but it can kill.
- Pour water into acid; rather, add acid to water.
- Mix a chemical with another substance. Even water may not be safe.



Precautions ~ Don'ts (cont'd)

□ DON'T

- Smoke, eat or drink around hazardous substances



- Store materials next to each other without checking the MSDS for possible reactions



Protect Yourself From Exposure

- ❑ Follow safety instructions for handling and transporting hazardous materials
- ❑ If you have cleaning responsibilities, wear protective clothing and gloves
- ❑ Use protective devices properly
- ❑ Wash promptly after working with potential skin irritants.



Utility Systems Management

The Utility Systems Management Program identifies and manages the risks associated with the operation of utility systems and assures operational reliability, risk assessment and response to failures of the following utility systems/equipment:

- ❑ Water distribution
- ❑ Electrical distribution
- ❑ Emergency power
- ❑ Elevators
- ❑ Heating, ventilating and air-conditioning
- ❑ Boiler and steam systems
- ❑ Medical gases
- ❑ Medical and surgical vacuum systems
- ❑ Communication systems
- ❑ Data exchange
- ❑ Automatic fire prevention and alarm system
- ❑ Plumbing



CODE ORANGE

Hazardous Material Casualty Response Plan – Awareness Level Training Provident Hospital of Cook County

Purpose

- To identify and care for patients who may be contaminated with chemical, biological or radiological material while preventing contamination of the facility and health care workers.

Persons affected

- All employees, members of the medical staff, volunteers and agency personnel.

Plan Activation

- Any situation in which one or more patients present to the Emergency Department or other entrance of the hospital with a known or suspected contamination from chemical, biological, radioactive or unknown agent (hazardous material).
- If a hazardous material event is expected to result in a large influx of patients the External Disaster Plan is initiated and HEICS (Hospital Emergency Incident Command System) is followed.

Individual response

- Any Hospital staff member who identifies a patient with known or suspected hazardous material exposure:
 - 1) Without touching the patient, escort them to the nearest exit keeping 5-6 feet between you and the patient (s)
 - 2) Stay upwind of the contaminated patient (s)
 - 3) Direct them to the ambulance bay area
 - 4) Instruct patient (s) to stay outside until the triage nurse arrives
 - 5) Notify the Emergency Department triage nurse of the situation

Decontamination Team Response


- The Code Orange HAZMAT Team Members report to the ED for briefing and assignments.
- All personal protective equipment is stored in Room 1006A (Disaster preparedness room across from Emergency Department).
- Decontamination shower and clean up equipment is kept in the landscaping storage area in the ambulance bay area.
- To maintain the integrity and responsiveness of the hospital no contaminated patient is allowed to enter the hospital prior to complete decontamination.
- 80% of all contaminated material from chemical or radiological exposure is removed when the patients clothing is removed.
- If you are not a trained member of the Code Orange Decontamination Team, do not come to the Emergency Department and avoid the ambulance bay area.



**COOK COUNTY HEALTH
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CCHHS**

Radiation Safety

RADIATION SAFETY



**COOK COUNTY HEALTH
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Basic Concepts of Radiation

Whether you work with radiation or not, you are exposed to very small amounts of radiation that occurs naturally in the environment.

Everyday the public receives radiation when using a microwave oven, watching TV and even flying in an airplane.

What is Radiation

Radiation is energy in the form of waves (beams) or particles that are invisible, have no weight or odor. The term radiation covers many things, but they are not all the same.

There are different forms for Radiation:

- The microwaves in your microwave oven
- How cell phones work;
- Getting a tan in a tanning salon;
- Having a chest x-ray; or
- Nuclear power plants.

Types of Radiation

There are several types of radiation:

- Cosmic: occurring in the surrounding atmosphere of the earth.
- Terrestrial: occurring in our environment and soil.
- Man-made: radiation used in health care.

As health care workers it is essential that you are familiar with the basic concepts of radiation and radiation safety.

The hospital is licensed for the medical use of man-made radiation in imaging studies.

All employees working in the Radiology Department are trained in the proper use of radiation and have the appropriate credentials to perform their duties.

Principles of Radiation Safety

■ Three Principles of Radiation Safety

1. **Distance:** the greater the distance between you and the source of the radiation (ex. Portable x-ray bedside, or assisting the radiology technologist with a patient during a x-ray procedure), the lesser radiation exposure you will receive.

A good rule of thumb would be to maintain a distance of at least 6 feet. This does not mean to ignore the patient needs if your assistance is required, this just means don't stand right next to the patient for a imaging exam if at all possible. If you must stand near the patient, you must have on a lead apron.

2. **Time:** the shorter the time spent in the vicinity of a patient having an imaging exam, the lesser is the radiation exposure to you. This is almost the same as the last slide. It is okay to care for your patient or assist the x-ray technologist during a imaging exam, with proper lead shielding.

Principles of Radiation Safety *(continued)*

Time: don't spend any unnecessary time at the patient bedside during imaging exams (ex. Monitoring the patient. Monitor the patient from a distance if possible, if not, use a lead apron at all times.

3. **Shielding:** material placed between you and the source of the radiation reduces the radiation exposure to you. This material can be any of the following:

Lead apron: to be worn when you are near a patient during a x-ray exam.

Distance: to be used to stay at least 6 feet from the patient during any x-ray (imaging) exam.

Principles of Radiation Safety *(continued)*

Conclusion:

Remember that the best way to protect yourself from any radiation exposure while at work is by practicing the three principles of radiation safety.

1. Distance
2. Time
3. Shielding

It is important to understand what is and isn't safe when working around radiation so you can understand and feel safe while caring for our patients during any imaging (x-ray exams).

Radiology

- If you have any concerns about radiation safety and or exposure, you may contact the Radiology Department and speak with any of the following individuals.
- RSO (Radiation Safety Officer)
- Department Director (or their designee)
- Radiologist
- Radiology Technologist

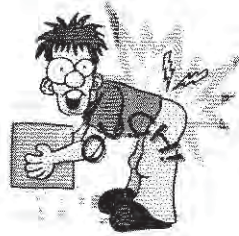


**COOK COUNTY HEALTH
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CCHHS**

Body Mechanics



Body Mechanics



Posture

- Definition: alignment of spine and of entire body. In good posture, the ear, shoulder and hip are aligned vertically.
- Importance of good posture
 - Prevent pain
 - Maintain strength and flexibility
 - Prevent gradual wear-and-tear on structures in the back; injuries due to posture and habits over time.



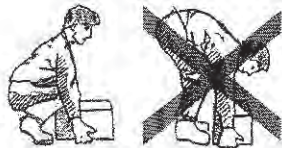
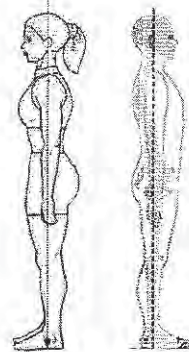
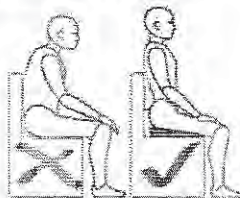
Posture (cont'd)

- Factors influencing posture
 - Fatigue
 - Fitness level
 - Inadequate support: muscle strength, footwear, appropriate chair
 - Lack of awareness
 - Habits
 - Mood/stress



Posture (cont'd)

- Good posture is critical for:
 - Sitting
 - Standing
 - Lifting

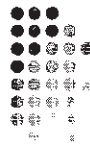


Proper lifting techniques to protect your back



- Plan the lift by:
 - Assessing the weight of the object/person
 - Determining how to grip/hold the object
 - Plan where you will move the object and clear a path.
- If the object is too heavy or large to lift safely, get help from another person or equipment.
- Use a wide base of support with feet apart and in a staggered stance to maximize stability.

Proper lifting techniques to protect your back (*cont'd*)



- Tighten abdominal/core muscles to support your back.
- Bend your hips and knees and lift with your legs.
- Don't bend at your waist; maintain normal spine alignment.
- Stand close to the object before lifting; hold the object close (keep it close to your center of gravity).
- Pivot your feet; don't twist your back.

Tips for Lifting / Moving Patients



- Explain the process to the patient before beginning. Encourage the patient to help as much as possible.
- Bring the transfer surfaces (e.g., bed and wheelchair) as close together as possible.
- Use a transfer belt.
- Do not allow the patient to pull on your neck or back.

Tips for Lifting / Moving Patients (*cont'd*)



- Support the patients legs against your legs; block patient's knees from buckling.
- Move on a count.
- Both helper and patient should pivot the feet instead of twisting to turn.

Back Protection Tips for Prolonged Sitting



- Adjust chair height so that hips and knees are level (or place a book or stool under feet to bring knees to proper height).
- Sit with back supported against the chair back.
- Use a lumbar support – can be part of the chair, a commercial lumbar support, or a small pillow or towel roll.
- Maintain upright posture with normal spinal alignment (not stiff posture, not slumping).
- Stand up and stretch periodically.

Back Protection Tips for Prolonged Standing in One Position



- Place work at a height and position that allows you to reach it comfortably without leaning forward or bending over.
- If necessary to be leaning forward, support yourself against the table/surface with your legs and/or on top of the surface with one hand.
- Place one foot on a stool or step so that it is higher than the other foot to take pressure off your low back.
- Change positions as much as possible by shifting weight or switching which foot is on the stool.
- Stop and stretch periodically.

Take care of yourself!



- Good overall health and fitness decreases the risk of back injuries or any other type of injuries.
 - Maintain good nutrition and a healthy weight
 - Exercise regularly – include aerobic, stretching and strengthening
 - Stress management and adequate rest



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS**

Age Appropriate Care



Provident Hospital of Cook County

AGE-RELATED PATIENT DIFFERENCES

Defining Health and Illness

Definitions of health and wellness help guide health care workers. Our Western culture separates the body, mind and spirit, while the Eastern culture speaks of balancing the body, mind and spirit. The World Health Organization defines health as not merely the absence of disease, but a state of optimal physical, mental and social well-being. Through this definition, the importance of assessing and treating a patient with consideration for their age-related differences is apparent.

The Healthcare Provider's Changing Role

In the past 50 years, the Healthcare provider's role has dramatically changed. The nurse's role has changed from a skilled observer to a Healthcare professional who professional who performs overall assessments. Unlicensed personnel have been added as important Healthcare providers, e.g., "Care Partner" or "PCA". Ancillary departments who assist patients are also considered Healthcare personnel. All of these "partners" must work together to provide for optimal assessment, intervention and evaluation of patients throughout their life-span.

DEVELOPMENTAL CONSIDERATIONS

Human development is continuous progression through maturation. The basic principles of development include:

- Patterned, orderly and predictable with purpose and direction.
- Continuous throughout life, although the degree of change in many areas decreases after adolescence.
- Can occur simultaneously in several areas (physical, social, etc.) However, the rate of change in each area varies.
- Proceeds from simple to complex.
- Pace varies among individuals.
- Physical and mental stress during periods of critical developmental changes, such as puberty, makes a person particularly susceptible to outside stressors.

- Assessment of developmental status includes physical abilities and limitations (capability to perform activities of daily living), cognitive abilities (thought processes, perceptions, (comprehension and ability to reason) and growth.

The Older Age Group

In our country the 65 and older age group has increased from 3.1 million in 1900 to 31 million in 1989. Authorities estimate that by the year 2000, 13% of our population will be 65 and older. This increase in geriatric population especially challenges health care providers. They must be able to assess and intervene in many chronic illnesses and also teach wellness using the perspective of the increased age group. The two important considerations of the aging population that must be addressed by health care professionals are:

- How the experience of aging can be modified.
- How the environment can be changed in order to facilitate independence, thereby allowing for a higher and more satisfying quality of life.

Contrary to popular belief, the majority of our county's seniors are not in nursing homes. More than 75% of the people over 80 live in their own homes.

PHYSICAL ASSESSMENT

Vital Signs

Vital signs and other physical measurements provide valuable information about all systems of the body.

Temperature: Normal temperature ranges from 96.5 to 99.3F. (33.7 to 37.8C). Rectal temperatures are generally 1 degree F higher, while axillary temperatures are generally 1 degree F lower.

Some authors recommend rectal temperature determinations for all children under age 10.

However, most children can cooperate for oral readings earlier than that age. The temperature decreases during adolescence and late adulthood, while increasing during pregnancy.

Pulse: Pulse rates are influenced by biological rhythms, sex, age, activity and conditioning. The pulse rate is lowest in the early morning and highest in the later afternoon and evening. Rates for women average 5 to 10 beats per minute faster than those for men.

The pulse decreases from infancy through middle adulthood and increases slightly in late adulthood. The pulse increases with activity, but is usually lower than “normal” in athletically conditioned persons. During pregnancy and late adulthood, the pulse rate increases. The normal pulse rate among adults ranges between 50 and 100 beats per minute. The pulses are symmetrical, strong and regular.

The pulse rates of infants are best obtained by observing the fontanelle pulsations, palpation of the carotid or femoral arteries, or listening to the heart. Palpation of the

radial artery is usually not useful until after age 3, due to the fast rate and the difficulty in holding the arm still. The adolescence pulse rate is as the adult.

Respiratory: The respiratory rate should be determined along with the rhythm of respirations. Respiratory rates vary with age, activity and physiologic conditioning. The respiratory rate decreases from infancy through middle adulthood and increases with activity, but decreases with athletic conditioning. Respiratory rates decrease during adolescence and increase during pregnancy and late adulthood. The normal adult respiratory rate ranges from 12-20 breaths per minute.

Blood Pressure: The technique of taking a blood pressure, using any type of sphygmomanometer, is the same. The underlying principle is that pressure is applied to a limb to cause temporary cessation of blood flow through an artery. A cuff is applied to an arm or leg. The cuff should be 20 percent wider than the diameter of the limb used and long enough to encircle it completely. Cuffs that are too small give false high readings, while the opposite is true of cuffs that are too large. Systolic blood pressure normally ranges from 95 to 140 mmHg, with an average of 80 mmHg.

Blood pressure is age-related and reflects physiologic conditioning and emotional factors. Blood pressure increases with age or anxiety and decreases with athletic conditioning. Blood pressure increases during adolescence to adult levels. Pregnancy and late adulthood also show an increase in blood pressure.

Formerly, blood pressure readings were frequently not obtained among very young children. It should be standard measurement in sick infants and children. In children, when auscultation is impossible, palpation of the blood pressure may be used. The palpated pressure is generally 10 millimeters of mercury higher than that obtained by auscultation.

Skin

Assessment of the skin is used to determine color, vascularity, lesions, rashes and scars. Skin texture is assessed by palpating the skin's surface. The texture can range from

delicate to rough. It is finest in infancy, and becomes coarser with aging. It is finer in women than men. The hair is assessed for distribution, quantity and quality.

Infants: The skin of babies has unique characteristics. Color is predominately pink except in their hands and feet, which may appear cyanotic. The appearance of jaundice is a normal phenomenon during the second or third day of life. The black newborn appears dusky pink, except in fingernails and genitalia which are highly pigmented. Mottling is the appearance of alternating patches of rubor (red) and pallor (white), and is normal on the extremities of babies who are cold. The skin of children usually provides the first manifestation of systemic viral infections.

Adolescence: Noticeable skin changes occur in the skin of the adolescent, including an increase in pigmentation, increase in sebaceous gland (acne) and sex-related hair distribution.

Pregnancy: A rash of pregnancy may occur on the woman's face due to an increase in pigmentation across the cheeks, nose and forehead.

Geriatrics: The geriatric population demonstrates a greater degree of pigmentary changes. Blotchy, irregularly pigmented areas (mottling) develop in older persons who have lighter skin and hair color. Blacks, Asians and Indians do not demonstrate the same blotch tendency because they have a more permanent pigmentation. Yellowish papules may appear due to fat deposits. Lesions appear more frequently as the skin ages.

The skin appears pale as a result of changes in the blood vessels and decreased blood supply. Thinning of the epidermis causes the veins to appear more prominent.

On palpation, the skin of the older person may feel cool, due to the decrease in the ability of the body to regulate temperature. The texture is drier due to a reduction of the activity of the sebaceous and sweat glands. The loss of elasticity and subcutaneous fat gives the extremities and face a more wrinkled appearance.

A generalized thinning of hair occurs due to a reduction in the number of hair follicles. The hair becomes gray due to decreased melanocyte activity. Other changes include a decrease in facial hair on males and an increase in facial hair on women; coarsening and thickening of hair in the nasal orifice and ear; and slowing of growth. Thickening of nails also occur.

Head and Neck

Infants: The head of the newborn is proportionately larger. Early on, it is one-quarter the length of the body, which in adulthood the head is approximately one-eighth. The cranial sutures of the newborn are movable and the fontanelles are open.

The macula, or orbital vision area, is not fully developed at birth; therefore, newborns are believed to have poor vision. However, current research suggests that the actual visual acuity of newborns is unknown. The newborns have little or no tears until after three months because the lacrimal glands are poorly developed. Almost all newborns have blue eyes because the sclera is thin and the iris contains little pigment.

Speech development is an indication of hearing ability. It is one of the indications of the young patient's ability to hear. At approximately four months, the infant turns his head and eyes toward the direction from which the sound has originated. At seven months, the infant turns his head and eyes toward the direction from which the sound has originated. At seven months, the infant turns his head in search of a quietly spoken voice.

Pregnancy: During pregnancy, the eyelids and per orbital areas frequently show increases in size. Vasoconstriction and hemorrhage may occur, as well as retinal vascular occlusion, resulting in transient myopia.

Geriatrics: Advanced age causes a gradual loss of lid elasticity leading to drooping eyelids. The conjunctivae is drier due to a decrease in tear production. A whitish-gray opaque circle band changes the iris coloration in most people over 60 years of

age. The pupils are slightly smaller and the lens loses the ability to accommodate (and develops a loss of transparency) leading to clouding of vision and decreased visual acuity. There is also a decrease in the visual fields inability to adapt to the dark and sensitivity to blue hues.

A normal consequence of the aging process is a change in the structure and function of the ear. Physical changes in the ear of the late adult include narrowing of the ear canal and thickening of cerumen in the ear drum. Subtle changes in hearing may occur as early as 40, but more noticeable changes occur at age 60. Usually, a loss of hearing is the result of a neural deficit caused by genetic disease, drugs or environmental factors. The response of the patient to directions, questions and sound is often an indication of hearing ability.

Since there is only one set of permanent teeth, aging is associated with increased loss of teeth. A potential cause is poor dental hygiene, infrequent visits to the dentist and delayed treatment. There is gradual decrease in the alveolar ridge (similar to osteoporosis), causing dentures to slip and irritate. This fact, along with a decrease in smell and taste, could cause malnutrition.

Lungs

Infants: The newborn chest is cylindrical in shape. Also, the chest circumference is equal to or slightly smaller than the head circumference in the first two years of life. Breath sounds in children are louder and harsher than in adults, and the normal lung sound is vesicular.

Pregnancy: Breathing becomes more costal during pregnancy and many women complain of dyspnea during the third trimester. This difficulty in breathing is actually hyperventilation, caused from the effects of the hormone progesterone in trying to maintain oxygenation of both maternal and fetal blood.

Geriatrics: Degeneration of the lungs begins during the fifth decade of life. There are fewer alveoli and those remaining are larger. There is an increased calcification of the cartilages. All of the factors cause a less elastic lung and a stiffer rib cage, which decreases the compliances of the lung. The aged will normally have minimal dyspnea with activity.

There is also a decreased ability to cough in the aged due to the rigid thoracic wall and weaker muscles. It may be difficult to auscultate the lung fields adequately, since the elderly may be unable to take a deep breath. The normal breath sounds, therefore, are softer, especially in the lungs bases where the distal alveoli and airway may have closed.

Cardiac

Infants: In infancy, the heart is located higher in the chest cavity than in later years. The apical impulse is easily visible and palpable.

Children: A third heart sound (s-3) and murmurs are common, particularly during rapid periods of growth. Thirty to fifty percent of children have innocent murmurs. Sinus arrhythmias and premature ventricular contractions are relatively common in children and are not pathological.

Pregnancy: The expanding uterus causes an increase in pressure on the inferior vena cava causing a drop in blood pressure upon standing (supine hypotension syndrome). This syndrome can be alleviated by placing the patient on her left side. Cardiac output increases 30-40 percent during pregnancy. At 38 to 40 weeks of gestation, cardiac output declines again due to the obstructed venous return. Blood volume increases 20-100 percent above normal due to fluid retention and decreased capillary pressure.

Geriatrics: The heart experiences little change with increased age. The cardiac output decreases 30-40 percent between ages 25 and 65 years. During stress, the heart rate increases but does not achieve the same fast rate (tachycardia) as in youth. During exercise, the stroke volume increases considerably, compensating for the inability of the heart to achieve tachycardia. The arteries of the elderly become less resilient and less elastic, creating a rise in blood pressure

With advancing age, widespread changes in the conduction system of the heart occur. These changes may alter the electrocardiogram, including duration of the PR and QT intervals, the axis and changes in the morphology in the P wave, QRS complexes and T wave.

Age is a recognized risk factor for coronary artery disease. As well, age is also a risk factor for decreased perception of ischemic cardiac pain, or silent myocardial ischemia.

Abdomen/GI/GU

Infants: The abdomen of the infant and young child is relatively larger than the chest and is protuberant. An increased amount of air may be percussed over the stomach and intestines of the infant. This is a normal finding, caused by air swallowed during feeding and crying.

Children: Prior to puberty, it is not uncommon for young children to insert foreign bodies into the vagina. Occasionally, children traumatize their external genitalia during masturbation. Any signs of genital trauma should be questioned. A common cause of nonbacterial urethritis is chemical irritation from bubble baths. E-Coli is the most common pathogen causing urinary tract infection.

Adolescence: The secondary sex characteristics begin developing at puberty. A discussion of sexuality and contraception is of great importance during adolescence. As with the adult client, information is needed regarding the potential for venereal disease, contraceptives, pregnancy and abortion.

Pregnancy: The pregnant uterus is normally palpable after the twelfth week of gestation. Fetal heart tones are auscultated after the twentieth week of gestation with a fetoscope, but may be heard as early as the ninth week with a Doppler. Hemorrhoids are common during pregnancy due to constipation and the enlarged uterus interfering with venous circulation.

Geriatrics: Palpation of the abdomen may be easier in the elderly due to decreased abdominal muscle tone, and more difficult due to obesity. The gastrointestinal tract does not change until the ninth decade when there is decrease in peristalsis. The normal range of bowel habits does not change with age, but it may vary on an individual basis.

Constipation or frequent bowel movement is the result of an insufficient intake of bulk producing foods, medications, overuse of laxatives or a sedentary life. Increased age often cause a decrease in the anal sphincter tone and difficulty in being able to distinguish between feces or gas, causing fecal incontinence. Over 70 percent of the people over 40 years old have hemorrhoids. Most males over 50 years old have an enlarged prostate.

In women atrophic vaginal changes and decreased lubrication occur but sexual interest remains unchanged; as well, the ability to experience orgasm decreases, but it is not absent. In men, testosterone production gradually declines, and a decline in

sexual activity occurs. In the American culture, factors causing the decline could be mental and physical fatigue, and /or overindulgence in food and drink.

Because elderly women do not participate in regular cervical cancer screening, more advanced lesions are found are less curable.

Independence is so important to the elderly that they will do almost anything to remain in their homes. Due to our country's inflation and fixed incomes, many retirement plans are inadequate. Elders must often rely on family members to assist in their daily living requirements. Family members may not live nearby or may not desire to become their parent's caregivers.

Unfortunately, most people tend to dislike old people and the idea of aging. Our culture may support this idea because there is no clear role or importance for the elderly. The media assists in this negative portrayal of the elderly. We often associate unattractiveness, illness and death with the elderly. Anyone who appears to be weak and have gray hair or wrinkles is considered old and unable to function normally. This is especially true of Healthcare providers. The hospitalized elderly may be the only reference source for Healthcare providers. It must be remembered that the majority of the elderly population are not ill and are independent.

The elderly usually present with multiple non-specific complaints which create a challenge for the Healthcare provider. Many times the older persons problems are simply associated and attributed to old age and are therefore ignored. Assessing and caring for the elderly is a complex and time consuming process. Frequently, in the acute care setting it is difficult to assess all of the relevant information under the time constraints. Therefore, the care of the elderly is often centered on the identified deficit which limits their independence.

Caring for the elderly requires a multi-disciplinary approach, involving the significant other or family, and assessment of all aspects of life, physical, psychosocial, functional, economic and social.

PSYCHOSOCIAL IMPACT OF AGING AND ILLNESS

Theories of Aging

There are various biological theories proposed to explain the changes associated with increasing age. However, it is generally accepted that although some cell do undergo a degenerative and deteriorating process, a large number of functional cells remain intact and proficient. So that under normal circumstances, function is maintained. This is why it becomes so important to develop a philosophy that rehabilitation can often be accomplished in the elderly.

Psychosocial Alterations

There are many alternations which occur throughout the life span. They include physical, sensory and cognitive changes. There are many outside forces, along with these changes, that affect the person's behavior. In the older adult, these forces may include retirement widowhood, change in body image, loss and grief, and role changes.

Pregnancy: Adequate nutrition is essential during pregnancy, along with supplemental vitamins and minerals. The recommended weight gain is 24 pounds (11 Kilograms) for most American women. The pattern is 3 to 4 pounds in the first trimester, ½ pound per week for the second trimester and one pound per week for third trimester.

Geriatrics: During the aging process, multiple physiological changes directly affect the nutrient intake of the geriatric client. Decrease in hearing, vision, taste and smell can take away from some of the social aspects of eating, as well as the ability to eat. Decrease in muscle tone and peristalsis, and delayed esophageal emptying, can make eating meals an uncomfortable experience. This leads to complaints of "heartburn," early feeling of fullness or "gas".

Loss of teeth or ill-fitting dentures also influence nutrient intake. Fifty percent of Americans have lost all their teeth by age 65, and 65% by age 75.

CULTURAL AND SPIRITUAL ASSESSMENT

Definition of Culture

It is a difficult and complex task to describe a culture and explaining it is almost impossible. There are both universal elements that apply to all cultures, as well as individual factors that distinguish one culture from another. Culture is based on complex and interwoven political, social and historical developments and situations. Throughout history in order to survive, people have been forced to find practical solutions to deal with changing circumstances. Since the history of one country or one group of people is unique, the actions that are taken to solve problems are also unique.

Culture encompasses a pattern of behavior that distinguishes one group from another. One could say that culture is a "way of life" of a group of people that are passed on to individual members, within that group. The culture to which an individual belongs plays an important role in shaping beliefs and behaviors.

The various aspects of culture include history, language, nonverbal behavior, values, religion, healing beliefs and practices, diet family life processes, patterns of social

interaction, the arts and clothing. For example, if the cultural group has a history of being discriminated against, individuals may be reluctant to trust care providers from cultures that differ from their own.

Language: It is easy to become frustrated when there are language barriers. Consider an English-speaking nurse taking care of a Chinese-speaking patient. The patient does not appear to understand the instructions of the nurse, so she starts to speak louder. This does not enhance understanding, but it does increase the anxiety level and fear of the patient.

Nonverbal Behavior: Nonverbal behavior includes gestures, eye contact, touch and body movement. Cultures vary in the amount of touching that is practiced. In general, touching is more prevalent in Latin American cultures than in most Asian cultures. It is usually a good idea for health care providers to explain what they are going to do before touching the patient.

Expressions of Pain: Expressions of pain vary among individuals and cultures. In some cultures, individuals are not encouraged to express their discomfort. Rather, they are expected to maintain self-control and “suffer in silence.” In other cultures, individuals are encouraged to openly and directly express discomfort. It is acceptable in African-American and Hispanic cultures to moan when discomfort is experienced. This contrast with the practice in many Asian cultures, where self-restraint is practiced.

Life and Death: Culture can profoundly affect a patient’s view of life and death, as well as health. Some cultures advocate resistance to seeking health care or taking responsibility for changing behaviors. They feel powerless to control their illness, which they may view as a punishment of what another person wished them ill. Other cultures may promote health and wellness through a healer. Dietary restrictions may occur from cultural influence. Relationship pattern and other psychosocial factors are affected by culture.

Spiritual: Spiritual and religious influences could be the patient’s most important aspect of life. Indeed, treating a patient holistically deals with a balance of body, mind and spirit, all acting interdependently. A patient’s health beliefs may be linked closely to their religion. For example, a Jehovah’s Witness may refuse to accept blood transfusions or blood products, even in a life-threatening situation. A patient may not practice any formal religion and still be spiritual.

Coping with stress: Physical, social and emotional demands create stress. Every person copes with stress individually. These coping strategies are chosen because of past experiences and effectiveness. In a crisis, people tend to revert to coping strategies that worked in the past.

PSYCHOSOCIAL DEVELOPMENTAL ASSESSMENT

The change in the focus of health care delivery requires that Healthcare providers be able to provide care specific to the particular patient population. Knowledge of the life cycle developmental stages and the patient's unique psychosocial needs through each phase of development is essential to provide specific care.

Erickson's psychosocial developmental theory is the most widely accepted theory. Erickson's theory involves predictable, age-related stages during which specific changes are assumed to take place. Each stage has two components, the favorable and the unfavorable. No stage is completely mastered, but remains a problem throughout life. The lasting outcome of mastering these stages, according to Erickson, provides the ability to cope with everyday and catastrophic stresses.

Developmental Stages

Infants/Children/Adolescence: Being sensitive to the child's understanding of hospitalization and how they communicate can assist the Healthcare worker in identifying problems created by the child's illness as well as those which were present prior to the illness. The stresses and anxiety produced from the child's physical and psychological disequilibrium may not allow mastery of their specific developmental task.

Birth to 1 year: Trust versus mistrust involves developing a trusting relationship of hospitalization and how they communicate, can assist the Healthcare worker in identifying problems created by the child's illness as well as those which were present prior to the illness. The stresses and anxiety produced from the child's physical and psychological disequilibrium may not allow mastery of their specific developmental task.

A child age 1-3 months smiles responsively and can recognize their caregiver. They follow objects from side to side and also ignore unpleasant stimulations to a point. Their cries can be differentiated and they begin to chuckle and coo. Safety items to consider at this age include cribs that have side rails that are not more than 2 3/8" apart, no pillows and no lead paint. Safety approved care seats are required and children should never be left alone, even for a moment, when in them. These small children require protection from direct sunlight, and they should not be shaken.

When children reach 4-6 months, they can hold their arms out to be picked up and can demonstrate actions to attract attention. They smile at a mirror image and laugh out loud. They respond to familiar voices and begin to try to imitate sounds. The caregiver must initiate fall prevention techniques by lowering the crib mattress and ensuring the side rails are up at all times.

At 7-9 months, children begin to develop stranger anxiety and demonstrate other likes and dislikes. They resist being restrained, regardless of the purpose. They respond to inflections and gestures from their caregiver. Care must be taken to ensure that medicines and cleaning poisons are in high locked cabinets, fall prevention techniques are implemented, electrical outlets are covered and plastic wrap, including balloons, are not accessible.

Children can wave bye - bye, play interactive games and become frustrated if restricted in their activities.

They begin to recognize some objects by name and can imitate some animal sounds. Fall prevention techniques are especially important, locks should be on all drawers and doors, electrical cords kept short, gates and barriers kept locked and remain sturdy.

1 to 3 years: Autonomy versus shame and doubt centers around the child's increasing ability to control his body himself, and his environment, while learning to conform to social rules. Shame and doubt occurs when he is forced to be dependent in areas in which he is capable of controlling.

The 13-15 month old can walk without help and can tolerate separation from a caregiver for a short period of time. The child likes to put small objects in his mouth, such as buttons and eyes from stuffed animals. His gait is not quite steady so he tends to fall easily.

At 18-24 months, children begin to run. They like to remove their shoes, socks and clothing. They begin to test their limits more strongly and display temper tantrums. Their favorite word is "mine" and they recognize ownership. This is the stage where they like to put small objects in their body cavities. They cannot differentiate actions that are dangerous.

By 24-36 months, they can jump with both feet, pedal a tricycle and feed themselves. They begin to develop the concept of sharing. However, they have difficulty in distinguishing the difference between reality and fantasy. Pool safety is an important concept for this age group.

3-6 years: Initiative versus guilt is developed through the child's conscience. No longer guided by outsider, children respond to their inner voice that warns. Guilt occurs when their initiatives are inhibited. The family becomes the socializing agent by training the child to not impinge on the rights and privileges of others.

Three year olds become more independent and daring. Seat belts are required (if the child is over 40 pounds). They demonstrate pre-conceptual thinking and understand the concept of time. They can jump and dance and use alternating feet to walk up the

stairs. They may exhibit a fear of darkness. The American Pediatric Association recommends swimming lessons at this age.

Four year olds can hop and skip on one foot and can throw a ball overhand. They are often rebellious but obey limits without comprehending right or wrong. Bicycle safety and continued automobile safety is important at this stage of development.

At five years of age, children have a good sense of balance. They can throw and catch and can dress themselves in clothes that match. They are eager to please by tolerating another's perspective, even if they don't completely understand it. They frequently complain about minor injuries, but usually are brave if they expect to have major pain. These children need to have instructions on bicycle, street and stronger safety.

Six year olds have extra energy and do not like to sit for long periods of time. They are clumsy and awkward. They like to interact with children their own age. They do not admit it when completely mastered, but remains a problem throughout life. The lasting outcome of mastering these stages, according to Erickson, provides the ability to cope with everyday and catastrophic stresses.

They have done anything wrong. They can usually read and are ready to learn. They may be drawn to potentially dangerous situations through their explorations.

6-12 year: Industry versus inferiority stage is fulfilled by beginning and completing tasks. Inferiority may develop if they cannot measure up to the standards set for them by others.

Seven to nine year olds participate in sport activities and have the ability to practice their skills to achieve mastery. They are always on the go. They like to please and they become more critical of themselves. They need to be reminded of dangerous situations such as drugs, bicycles, strangers and street safety.

At age 10 to 12, children notice the difference between the development and strength of boys and girls. Their movements are clumsy and jerky. They place great importance on having a best friend. Peer pressure occurs in this age group, requiring safety education on the use of alcohol, drugs and sex.

12-2- years: Ego identity versus the danger of role diffusion is the developmental task of the adolescent. Adolescents become increasingly sensitive to how they think others perceive them as compared to how they perceive themselves. Finding one's one identity is stressful and difficult work. In many ways, it is a life-long task. If the adolescent can emerge with a reasonably strong sense of his or her own identity, he or she has successfully experienced this stage.

Adolescents may follow or identify with popular entertainers and wear personal apparel or use speech patterns that mark them as part of a group. Because of the vulnerability of young teenagers, the pressures of peer group conformity may be harmful. Individual judgment may often be forfeited to the desires of the group as a whole, creating great stress and anxiety in some adolescents.

During pre-adolescence, close friendships are important to identity development. During the later teen years, relationships with the opposite sex usually develop. Some individuals become aware that they have a homosexual orientation.

The emotional life of an adolescence ranges from exhilarating peaks and depressing lows. Much energy goes into this effort to understand the meanings of this shifting complex of feelings. Gradually the emotions even out to some extent and a sense of balance develops.

20 – 35: Leaving adolescence and entering young adulthood means separation from the family and its financial support as well as greater freedom to choose experience and friends. It is also a time of taking greater responsibility for one' own life.

Intimacy versus isolation focuses one of the tasks of young adulthood on forming an intimate relationship. After forming a self-identity, the individual can enter a relationship with another person without losing self-identity. Intimacy involves more than physical contact. It is the ability to share personal identity with another without losing one's own unique identity. The desired outcome is mutual satisfaction and support. The danger of this stage is isolation or an avoidance of those persons and settings that promote and provide intimacy.

Establishing independence, marriage or choosing single hood, divorce, parenting, career development and organizational participation are common milestones or stressors which the young adult experiences.

35-65: Middle adulthood is a stage of life when growth is strongest in the areas of personal, social and emotional development. By this time, individuals have generally chosen a lifestyle, a family or single pattern of living and an occupation.

The important task for the personality development at this stage is resolution of generativity versus stagnation. Adults need to contribute to the next generation either by raising children or producing something that can be passed on. The later may involve creative, socially useful work. The motivation is to create and/or nurture those who will follow and to leave a mark on the world. Generativity means sharing, giving and contributing to the growth of others as well as passing something on to the next generation. Stagnation means experiencing boredom and a sense of emptiness in life, which leads to being inactive, self-absorbed and self-indulgent.

Between the ages of 30 and 50, major life goals and activities concentrate on the areas of self-development, career development, assistance to both younger and older generations and organizational endeavors.

In Western society; much of the implementation of the goals of major institutions is done by the middle-aged population.

Menopause, development of interests outside of work, loss of peers, personal inner growth, maintaining interest in current affairs, coping with physical changes and retirement are some of the major milestones, stressors and interests of the middle-aged.

65-95: As in the case with the other stages, the parameters of late adulthood and old age are not easy to determine. Some people seem old at 40, while others seem young at 65. Some gerontologists have attempted to deal with this situation by setting apart the years from 60 to 75 as early old age and the years after 75 as late old age.

The emphasis in our society on youth and their culture, behavior, and attitudes is accompanied by a negative attitude toward the elderly. This prejudice known as "ageism" is a negative attitude toward aging and discrimination based on age. It is said in this culture, everyone wants to live long but no one wishes to grow old.



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

Quality &

Performance Improvement



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

QUALITY & PERFORMANCE IMPROVEMENT



What Is Performance Improvement?

- Helping you to find a more efficient, cost effective way to do your job.
 - Achieving mission more effectively.
 - Better outcomes.
 - Becoming a better quality organization.



Why Is It Necessary?

- It is the right thing to do for patients.
- Mandated Requirements by:
 - Center for Medicare and Medicaid Services
 - The Joint Commission
 - State Licensing Agency
(*Illinois Department of Public Health*)
 - Insurance Companies

Who Is Responsible?

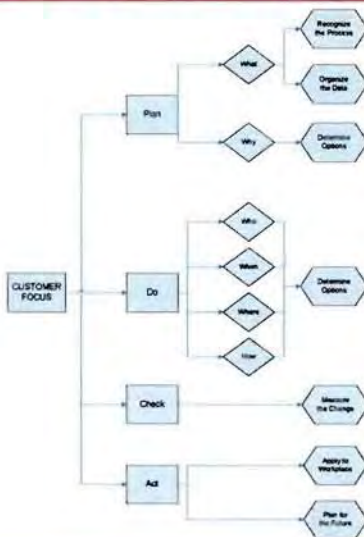
- Senior Leadership
- Housekeepers
- Dietary Workers
- Doctors
- Nurses
- Accounting Personnel
- E V E R Y O N E!



Quality Model & Basic Tools



The PDCA Cycle & Quality Roadmap



2010 System-wide Projects

- Care of the Diabetic Patient
- Safe Administration of Anticoagulants
- Improve Core Measure Outcomes
 - Acute Myocardial Infarction
 - Heart Failure
 - Antibiotic Prophylaxis
 - Community Acquired Pneumonia
- Customer Satisfaction

2010 Hospital-wide Quality & Performance Improvement Goals

- Patient Flow/Thru-Put

The Joint Commission standards for accreditation requires that hospitals improve processes to ensure the timely flow of patients through-out the hospital. Regulatory agencies have placed special focus on the Emergency Room Overcrowding. Studies have shown that overcrowded Emergency Rooms are caused by failures in processes of departments / support services to the Emergency Room staff.



Composition of Patient Flow/Thru-Put Team

- Medical Admin
- Medical Emergency
- Nursing Admin
- Nursing Med/Surg
- Emergency Nursing
- Admitting
- Utilization Review
- Radiology
- Laboratory
- Respiratory
- Environmental Svs.
- Social Services

National Core/ORYX Measures

Core Measures are a set of diagnosed based criteria adopted by CMS and Joint Commission to improve patient outcomes. Core Measures are called ORYX by Joint Commission. The rationale for these National Core Measures to improve patient care outcomes for Acute Myocardial Infarction Heart Failure, Community Acquired Pneumonia, Surgical Improvement, Pregnancy Care. The Core Measures are mandated by Centers for Medicare and Medicaid Services for full reimbursement and for Joint Commission Accreditation.



Composition of Core Measure Team

- Family Medicine Physician
- Critical Care Physician
- Internal Medicine Physician
- Emergency Medicine Physician
- Nurse Managers
- Cardio-diagnostic Director
- Quality Services Staff



Improve Customer Service

- Customer Service Committee
- Organization's Expectations for Customer Service
- Recent Patient Satisfaction Data

Excellence



2011 Hospital National Patient Safety Goals

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

Identify patients correctly

NPSG.01.01.01

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.

NPSG.01.03.01

Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve staff communication

NPSG.02.03.01

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

Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not infused. For example, medicines in syringes, cups and tubes. Do this in the area where medicines are supplied and set up.

NPSG.03.05.01

Use extra care with patients who take medicines in their blood.

Prevent infection

NPSG.07.01.01

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.

NPSG.07.03.01

Use proven guidelines to prevent infections that are difficult to treat.

NPSG.07.04.01

Use proven guidelines to prevent infection of the blood from central lines.

NPSG.07.05.01

Use proven guidelines to prevent infection after surgery.

Check patient medicines

NPSG.08.01.01

Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any new medicine with their current medicines.

NPSG.08.02.01

Give a list of the patient's medicines to their next caregiver. Give the list to the patient's regular doctor before the patient goes home.

NPSG.08.03.01

Give a list of the patient's medicines to the patient and their family before they go home. Explain the list.

NPSG.08.04.01

Some patients may get medicine at usual amounts or for a short time. Make sure that it is OK for those patients to take those medicines with their current medicines.

Identify patient safety risks

NPSG.15.01.01

Find out which patients are most likely to try to commit suicide.

Prevent mistakes in surgery

UP.01.01.01

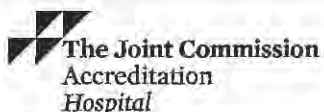
Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01

Pause before the surgery to make sure that a mistake is not being made.



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.



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS**

Risk

Management



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

RISK MANAGEMENT

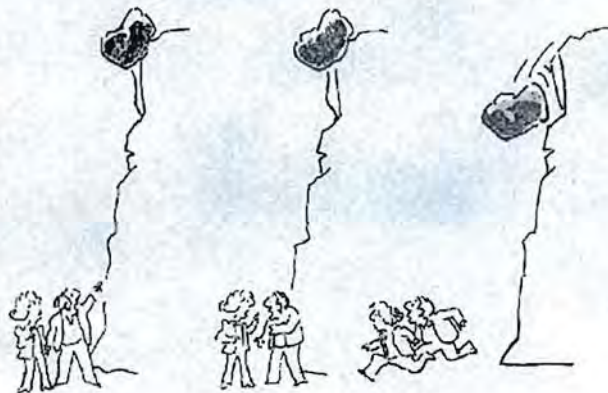
- Risk Management is the:
 - Identification;
 - Measurement; and
 - Managementof events which may adversely impact organizational objectives.

Stages Of Risk Management

RISK
PERCEPTION

RISK
COMMUNICATION

RISK
MANAGEMENT



What is Risk?

- Risk is anything, event, practice, process, activity, etc. which has an uncertain outcome that is – or can be – a threat to the achievement of the hospital's objectives.



Why is Risk Management Important?

- It is a comprehensive tool designed to:
 - Reduce the risk of financial loss to the hospital
 - Reduce the risk of injury to patients, visitors and employees
 - Reduce the risk of damage to the hospital's mission and reputation
 - Improve patient safety





Components of Risk Management

- Articulate the organization's objectives
- Identify the risks
- Assess their impact and likelihood
- Decide on appropriate course of action
- Communicate effectively
- Take a strategic view / approach



Process Of Risk Management

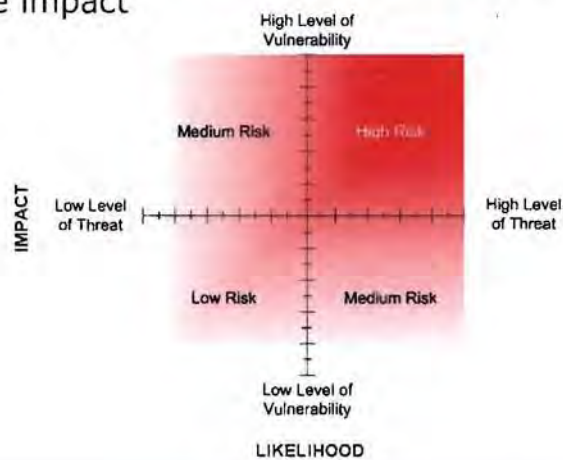
- Make early identification of possible untoward event.
- Make an immediate assessment
- Develop an immediate preventative strategy
- Minimize probability of reoccurrence
- Reduce probability of reoccurrence
- Eliminate cause of occurrence
- Risk Sharing / Pooling
- Implementation of risk reduction strategies
- Surveillance / measurement of risk reduction strategies
- Compare results over like periods of time

Early Identification of Risk

- Patient Safety Reports
- Employee Hotline
- Voicemail Reports
- Surveillance Rounds / Reports
- Security Rounds / Reports
- House Administrator Reports

Risk Identification

- Need to consider both the likelihood and the impact



Develop an Immediate Preventative Strategy

- What can be done to prevent cause of occurrence - immediate
- What factors can be changed to prevent severity of occurrence
- What in the current process can be changed or eliminated to prevent severity of occurrence
 - Minimize probability of reoccurrence
 - Reduce probability of reoccurrence
 - Eliminate cause of occurrence

Prioritize Risks

- Identify those risks that have the greatest impact on an organization.
- Which are easy to control?
- Are controls already in place – and if so, how effective are they?
- Does everyone understand the risks and the risk priorities?







Effective Communication is Critical

- Attitudes to risk taking – need for consistency
- Risk taking limits and guidelines
- Key strategic risks that cannot be avoided
- Risk management strategies in place
- Risk management systems and control processes
- The value of early warning
- The role of staff in the process
- Encourage upwards and sideways communication
- Listen!

PROVIDENT HOSPITAL OF COOK COUNTY

Activity: Quality Services Department: Risk Management	Page: <u> 1 </u> of <u> 3 </u>
Subject: MEDICAL DEVICES, PRODUCTS, AND EQUIPMENT: DEFECTIVE AND RECALLS	Policy Number: 04-03-03
Approved by: Aaron Hamb, M.D., Chief Medical Officer  Stephanie Wright-Griggs, Chief Operating Officer 	Policy Distribution: Activity: () Department: () Hospital-wide: (X)
Effective Date: March 31, 1993	

PURPOSE:

Provident Hospital of Cook County institutes procedures to protect the institution from risk of product liability by establishing methods for identifying, securing and reporting defective devices, Products and equipment to appropriate internal and external authorities in compliance with externally mandated requirements.

DEFINITION:

For the purposes of this policy, defective medical products and equipment is any defective device, product and equipment which caused or contributed to the death, serious injury, or serious illness of patient(s), staff member(s), student(s), visitor(s), or volunteer(s). Defective equipment may be identified by staff or be the subject of supplier initiated recalls. The FDA recalled field corrections are as follows:

Class I - A situation in which there is a reasonable probability that use of or exposure to a hazardous product will cause serious adverse health consequences or death.

Class II - A situation in which the use of or exposure to a hazardous product may cause temporary or medically reversible adverse health consequences or where the probability of serious adverse health consequences is remote.

Class III - A situation in which the use of or exposure to a hazardous product is not likely to cause adverse health consequences.

POLICY:

Departments responsible for purchasing, dispersing and using medical products and equipment must have written departmental procedures for handling defective devices, products and equipment identified in-house or the subject of a supplier recall.

Where any defect is identified in-house, PHCC Risk Management will consult the department(s) involved and evaluate the need to report the discovered defect to the appropriate agency and/or manufacturer as determined by the Safe Medical Devices Act.

Pending the outcome of litigation, PHCC Management and/or Risk Management should retain a defective device, product or equipment whenever possible.

Review Date			5/99	4/05	4/8				
Initials			JDC	AV	AV				
Revision Date	11/95	8/96	4/02	4/05	4/8				
Initials	JDC	JDC	JDC	AV	AV				

PROCEDURE: IN-HOUSE IDENTIFIED DEFECT:

A. PHCC Departments (Biomedical Engineering, Safety, Risk Management)

1. Inspect all devices, products, and equipment prior to use and identify any that are potentially harmful.
2. Remove defective and/or potentially harmful devices, products, and equipment from use. Label equipment with "Out of Service".
3. Report the presence or notification of defective or potentially harmful devices, products or equipment to immediate Supervisor. In addition, report defective electrical equipment to the Risk Manager. During off hours, report to the Administrator-on-Call.

B. Supervisor of PHCC Staff Reporting Defective Device, Product, and Equipment:

1. Secure the device, product, or equipment and ensure item is not adjusted or altered.
2. Immediately notify Risk Management and PHCC Administrator-on-Call.
3. Submit defective devices, products, and equipment to the Risk Management with the appropriate report(s) as cited above if size permits; if not, retain in the area until the Risk Management completes the investigation.
4. If the device, product, or equipment has been removed surgically:
 - a. Complete a Inpatient Safety Report; and
 - b. Send it to the Department of Pathology requesting the device, product, or equipment be retained and forwarded to PHCC Management and/or Risk Management

C. Safety Committee:

Monitor compliance with the Safe Medical Devices Act and analysis of in-house reports

PROCEDURE: SUPPLIER INITIATED DEVICE OR PRODUCT RECALLS/MEDICAL DEVICE ALERTS:

A. Head of PHCC Department Receiving Product Recall Information:

1. Ensure timely notification of PHCC/Risk Management, PHCC Biomedical Engineering Department and Safety Department.
2. Collaborate with PHCC Biomedical Engineering Department to comply with vendor/alert instructions.

B. Head of PHCC Biomedical Engineering Department:

1. Ensure timely notification of PHCC Management/Risk Management and departments affected by product recalls.
2. Assist affected department to comply with notification, e.g., labeling, upgrading, or removing from services.
3. Provide the Risk Management and Safety Liaison with written correspondence of the compliance with product recalls, including but not limited to:
 - a. Product involved;
 - b. Departments contacted;
 - c. Solution/resolution and;
 - d. Staff knowledge of problem and approaches;
 - e. Serial #'s, model #'s, manufacture date;
 - f. Purchase date or invoice; and
 - g. Manufacturer and vendor.

C. Hospital Department Heads:

As necessary, ensure timely notification of the Risk Management with appropriate documentation.

**Subject: MEDICAL DEVICES, PRODUCTS, AND
EQUIPMENT: DEFECTIVE AND RECALLS**

Policy no. 04-03-03

Page 3 of 3

C. Hospital Department Heads:

As necessary, ensure timely notification of the Risk Management with appropriate documentation.

PROCEDURE: SUPPLIER INITIATED RECALLS OF CONSUMABLES/DISPOSABLES/OTHER PRODUCTS

A. Head of PHCC. Department Receiving Notice of Recall of Consumables/Disposables/Other Products:
Ensure timely notification of Material Management.

B. Notify involved departments, physicians, and other users at PHCC. by telephone and memo of the recall.

C. Heads of Involved Department or Designees:

Arrange for the immediate removal of the item(s) from stock and for return to Material Management.

D. Materials Management Director or Designee:

1. Facilitate collection and disposition.

2. File recall documentation for the period of time specified by the Business Office, but not less than one (1) year.

References: Disaster Fire and Safety Manual

Policy #04-10-12

PROVIDENT HOSPITAL OF COOK COUNTY

Activity: Quality Services Department: Risk Management	Page: <u>1</u> of <u>2</u> APPENDICES 2
Subject: PATIENT SAFETY REPORTS	Policy Number: 04-03-04
Approved by: Aaron Hamb, M.D., Chief Medical Officer <i>Aaron Hamb M.D.</i> Sidney A. Thomas, Chief Operating Officer <i>Sidney A. Thomas</i>	Policy Distribution: Activity: () Department: () Hospital-wide: (X)
Effective Date: March 31, 1993	

I. PURPOSE:

Provident Hospital of Cook County maintains a system of reporting investigating and following up patient safety occurrences on hospital premises in order to eliminate causes of, reduce the frequency and severity of such occurrences, for the purpose of peer review, thereby, improving the quality of patient safety. The purpose of the Patient Safety Report is to notify Risk Management of all occurrences which impact on patient safety with actual or potential injury to patients

II. POLICY:

All information transmitted through Patient Safety Reports is confidential communication. It is used for the purposes of peer review, evaluation and improvement of patient care, furtherance of medical research, reduction of morbidity and mortality, and other purposes directly related to the maintenance of quality care.

III. PROCEDURE:

All Provident Hospital of Cook County personnel, attending physicians, and physician- residents involved in, witnessing or first discovering a reportable patient safety occurrence shall:

- A. Promptly initiate a Patient Safety Report form(Appendix II). Reports should be forwarded to Risk Management within 24-48 hours.
- B. Use the 24 hour telephone system to immediately notify Risk Management of any occurrence involving serious injury to a patient;(Extension 21379 or pager 312 689-0108); notify via the Hospital Operator the House Administrator, Chief Operating Officer, Chief Medical Officer, Chief Nursing Officer, Senior Administrator-on-call and the Quality Director.
- C. Notify Security of all occurrences involving a patients' damaged or missing property or physical injury (non-medical).

NOTE: When a physician or resident initiates a Patient Safety Report form, he/she must notify: his/her department chair; and the patient ' s attending physician.

Review Date Initials	3/96	10/98	2/07						
	JC	JC	JD						
Revision Date initials	8/96	4/00	2/01	2/03	2/04	2/08	4/09		
	JC	JC	PS	JDC	AV	JDC	JDC		

- D. Do not make copies of the Patient Safety Report form under any circumstances.
- E. Do not place report or copies of the report form in the patient's medical record or employee's Human Resources file.
- F. Maintain the confidentiality of the information:
 - 1. Enclose the Patient Safety Report form in a sealed envelope, or place in Patient Care Report Box outside suite 3019.
 - 2. Do not discuss the occurrence, except with supervisory staff.
- G. Do not document in the medical record that a Patient Safety Report was completed.
- H. Report the occurrence to immediate supervisor or Department Chair. Initiate a Patient Safety Report form. Submit the report to the immediate supervisor or department Chair for review and signature.
- I. If the occurrence causes or may potentially cause an adverse effect to the patient, notify the patient's attending physician immediately..

J. Most Immediate Supervisor, Department Chair, or Person Reporting the Occurrence:

- 1.) If the occurrence causes or may potentially have an adverse effect on the patient, ensure that the patient's Attending physician has been notified.
- 2.) If a serious injury is involved, ensure that Risk Management has been notified using the 24 hour telephone system (Extension 21379, or pager 312-689-0108) Refer to policies **01-01-71-"Root Cause Analysis(Sentinel Events)"** and **01-01-77-"Disclosure of Unanticipated Outcomes"**.
- 3.) Ensure that the Patient Safety Report form is completed and is signed by the person initiating the report.
- 4.) Submit all Patient Safety Report forms in an envelope to the Risk Management Office or deposit it in the "Patient Care Reports" box on 3rd floor within 24 hours of the occurrence.

K. Physician Examining Patient:

- 1.) Document on the Patient Safety Report form and in the progress notes of the patient's medical record all medical findings, untoward results, and the time and date that the patient was actually examined. State findings as objectively as possible.
- 2.) Immediately report any significant untoward results, such as a patient death or serious bodily injury, directly to the House Administrator and Risk Management.
- 3.) Do not document in the medical record that a Patient Safety Report form was completed.

L. Patient Safety Committee:

Review and analyze data generated from the Patient Safety Report reporting system for the purpose of:

- 1.) Evaluating specific events which require follow-up.
- 2.) Identifying underlying causative factors and trends.
- 3.) Making recommendations to prevent, eliminate, reduce frequency of future occurrences while improving the quality of patient care
- 4.) Providing Administrative, Medical, Nursing and Ancillary staff with current information.
- 5.) Provide oversight of Clinical peer review process as it relates to patient safety occurrence issues.
- 6.) Report significant occurrences and trends to the Clinical Departments and Hospital-wide Quality and Performance Improvement Committee.

M. Administrative Staff, Clinical Department Chairs, Directors and Department Heads:

- 1.) Assure that the Patient Safety Report system is implemented within own areas of responsibility.
- 2.) Communicate difficulties with the system to the Patient Safety Committee.
- 3.) Follow-up and respond as appropriate.

N. The focus of Patient Safety Reporting is quality improvement not punishment. PHCC encourages the reporting of potentially adverse occurrences to Risk Management as a means to assess and improve the process for providing a safe environment for patient care. The purpose is to learn about causes of occurrences and to enhance the system to reduce potentially adverse outcomes. Participation by staff in the detection, identification of and reporting of systems/processes based causes are designed to reduce reduced outcomes.

DEFINITIONS:

For the purposes of this policy, reportable patient safety occurrences under the circumstances outlined in this policy are defined as events which:

- A. Involve either injury or potential for injury to a patient.
- B. Where the cause of such injury or such potential injury is not consistent with the regular progression of the patient's care.
- C. Have created or have the potential to create an adverse affect on patient care.
- D. Involve a patient claiming injury or debilitation.
- E. Are revealed or made known by visitors or employees to hospital personnel, effecting patient care.
- F. Involve a patient claiming damaged or lost personal property.



Provident Hospital of Cook County
Patient Safety Report

Policy # 04-03-04
Appendix II

Privileged under the Illinois Medical Studies Act
Confidential: Used for Evaluating Patient Care
Do Not Copy or Place in Medical Record

DATE	TIME OF OCCURRENCE	IMPRINT PLATE DEMOGRAPHICS
ATTENDING PHYSICIAN	CLINICAL SERVICE	
ADMITTING DIAGNOSIS		

INPATIENT OUTPATIENT ED

LOCATION OF OCCURRRANCE _____

TYPE OF OCCURRENCE:

- AMA
- PATIENT ABSCONDED

ED RELATED:

- DEATH IN THE ED
- PATIENT ARRIVES DOA AFTER DISCHARGE FROM THE HOSPITAL OR ED
- RETURN TO THE ED WITHIN 72 HOURS
- OTHER _____

INTUBATION RELATED:

- INTUBATION RESULTING IN INJURY
- TOOTH OR PROSTHETIC DAMAGE
- TRAUMA TO FACE, LIPS, FX OR DISLOCATION TO MANDIBLE DURING INTUBATION
- UNPLANNED INTUBATION/REINTUBATION
- OTHER _____

MATERNAL/CHILD RELATED:

- APGAR LESS THAN 5 AT 10 MINUTES
- INFANT INJURY
- INFANT TRANSFERRED TO SCN
- MATERNAL/INFANT DEATH
- MATERNAL TRANSFER TO ICU
- OTHER _____

MEDICATION RELATED:

- ADMINISTERED TO PATIENT WITH KNOWN ALLERGY
- IV INFILTRATE
- NARCOTIC COUNT DISCREPANCY
- WRONG DOSE
- WRONG ROUTE
- OTHER

TYPE OF OCCURRENCE:

SURGERY RELATED:

- DISCREPANCIES BETWEEN PRE&POST OPERATIVE DIAGNOSIS
- IMPROPER PERFORMANCE TECHNIQUE
- INCORRECT SPONGE OR INSTRUMENT COUNT
- LACERATION, TEAR, PUNCTURE OF ORGAN OR BODY PART
- REMOVAL OF FORIGN BODY LEFT IN OPERATIVE SITE
- UNPLANNED RETURN TO SURGERY
- UNPLANNED RETURN TO RECOVERY ROOM
- WRONG BODY PART OR ORGAN REMOVED
- WRONG PATIENT OPERATED ON
- OTHER _____

OTHER:

- ASSAULT BY STAFF/PATIENT/VISITOR
- COMPLICATION RESULTING IN INJURY
- CONSENT INAPPROPRIATE
- CONSENT MISSING
- CONTAMINATION/EXPOSURE
- DELAYED TX/PROCEDURE
- EQUIPMENT MALFUNCTION, MISUSE, DAMAGED OR UNAVAILABLE
- IMPROPERLY COLLECTED SPECIMEN
- MISLABELED SPECIMEN
- OMITTED TX/PROCEDURE
- PATIENT'S PERSONAL ARTICLES LOST, STOLEN OR DAMAGED
- PATIENT REFUSED TX PROCEDURE
- POLICY/PROCEDURE NOT FOLLOWED
- UNORDERED TX/PROCEDURE

FALLS:

- FOUND ON FLOOR
- WHILE AMBULATING
- WHILE BEING ASSISTED
- WHILE IN BED
- WHILE ON FALL PRECAUTIONS
- WHILE RESTRAINED

ADDITIONAL INFORMATION

PATIENT SAFETY REPORT

DESCRIPTION OF THE EVENT:

PATIENT CONDITION PRIOR TO OCCURRENCE:

- ALERT STABLE CONFUSED COMA SEMI-CONSCIOUS COMBATIVE

TO BE COMPLETED BY EXAMINING PHYSICIAN

PHYSICIAN EXAMINED PATIENT YES NO PATIENT REFUSED NOT NECESSARY

SEVERITY OF INJURY (SELECT ONE) NO APPARENT INJURY MAJOR INJURY
 MINOR INJURY DEATH

DESCRIPTION OF INJURY

X-RAY TAKEN YES NO REFUSED

SIGNATURE OF EXAMINING PHYSICIAN (S) _____

PERSON REPORTING _____ TITLE _____ PHONE/EXT _____

SUPERVISOR _____ PHONE EXTENSION _____

RISK MANAGEMENT MUST BE NOTIFIED IMMEDIATELY OF ALL PATIENT CARE INCIDENTS INVOLVING SERIOUS INURY.

**PLEASE CALL EXTENSION 2-1379 OR PAGE (312) 689-0108
FORWARD TO RISK MANAGEMENT OR DEPOSIT IN PATIENT CARE REPORT BOX ON THIRD FLOOR.**

DO NOT MAKE COPIES

INITIALS - RECEIVED BY RISK MANAGEMENT OFFICE _____

PROVIDENT HOSPITAL OF COOK COUNTY

Activity: Quality Services Department: Risk Management	Page: <u>1</u> of <u>2</u>
Subject: SERVICE OF HOSPITAL PERSONNEL AND IN-PATIENTS WITH SUBPOENA, SUMMONS AND COMPLAINT	Policy Number: 04-03-05; Appendix I
Approved by: Aaron Hamb, M.D., Chief Medical Officer <i>Aaron Hamb</i> Stephanie Wright-Griggs, Chief Operating Officer <i>Stephanie Wright-Griggs</i>	Policy Distribution: Activity: () Department: () Hospital-wide: (X)
Effective Date: March 31, 1993	

PURPOSE:

To ensure coordination of subpoena and summons, presented at Provident Hospital of Cook County.

POLICY:

All U.S. Marshals, County Sheriffs and Court appointed Process Servers attempting to serve a subpoena or summons shall present themselves to the Risk Manager, Monday through Friday. 10:00 a.m. 4:00 p.m.

No U.S. Marshals, County Sheriffs or Court Appointed Process Servers will be permitted to serve any subpoena or summons on Provident Hospital of Cook County property at any time or in any manner other than as specifically stated herein.

DEFINITIONS:

- A. Subpoena: A subpoena is a command to appear at a certain matter. A subpoena may require oral testimony and/or the production of documents.
- B. Summons: A summons is a document used to commence a civil action or proceeding and is a means of acquiring jurisdiction over a party. A summons is served upon a defendant together with a complaint.

II. SUBPOENA:

Only those subpoena related to hospital affairs will be accepted by the Risk Manager. Employees will be requested to pick up their subpoena in the Risk Management Office.

Review Date Initials	3/96	3/99	<i>4/05</i>						
	JDC	JDC	<i>AV</i>						
Revision Date Initials	4/02								
	JDC								

III. Summons:

- A. Medical Malpractice - Provident Hospital of Cook County will not accept any summons directed to any medical professional in any medical malpractice case naming that medical professional as a defendant or third party defendant.
- B. Wage Assignment - Summons in a wage assignment action will be accepted by the Risk Manager and forwarded to the Human Resource Department for proper action.
- C. All Other Cases - Where a PHCC employee is named as a defendant in a hospital related action, other than a medical malpractice action, the employee will be requested to accept personal service of such summons in the Office of the Risk Manager.
- D. Service on Patients - The only summons which may be served on patients while they are at PHCC are guardianship summons. For guardianship summons, the server will be escorted to the patient area for personal service by the Risk Manager or designee.

IV. Service by Mail:

Illinois law provides that a defendant may voluntarily waive formal service of process by accepting service of summons by mail. Any hospital employee who voluntarily accepts service of summons by mail in any lawsuit or action involving PHCC or in any medical malpractice action alleging negligence by or on behalf of PHCC or its employees must advise the Hospital Risk Manager immediately that he/she was served with a Summons and Complaint. The employee must also forward to the Risk Manager a copy of the Summons and Complaint received within five (5) days of service.

V. Personal Service:

For hospital related lawsuits, any hospital employee who accepts service of summons anywhere other than on hospital premises must advise the Hospital Risk Manager immediately that he/she was served with a Summons and Complaint and must forward a copy of that Summons and Complaint to the Risk Manager within five (5) days of service.

PROVIDENT HOSPITAL OF COOK COUNTY
SIGNATURE SHEET

Policy Number : 04-03-05
APPENDIX I
Page 1 of 1

Policy Title: Service of Hospital Personnel and In-Patients with Subpoena and Summons and Complaint

Department: Risk Management

Date Reviewed _____

This is to verify that the above named policy was read and understood by me:

1. _____
Name Date Read
2. _____
Name Date Read
3. _____
Name Date Read
4. _____
Name Date Read
5. _____
Name Date Read
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13. _____
Name Date Read
14. _____
Name Date Read
15. _____
Name Date Read

This form must be returned to Risk Management Services



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS**

Infection control Hand Hygiene

Welcome

- Following is the yearly Infection Control update
- You will be asked a series of questions for which you need to answer correctly to go on.
- After the question is a series of informational slides pertaining to the question. You can read some or all of the slides depending on your comfort with the subject before moving on to the next question.
- Once you have completed all of the questions, you should print out 2 certificates. Give one to your supervisor and keep the other for your own records
- Questions and comments about the content of this learning module can be directed to 312-572-2363 or JPULVIRENTI@provcc.org

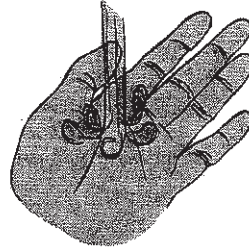
Panel

INSTRUCTIONS

- Welcome, you are about to participate in an infection control educational module.
- This module contains questions and information pertaining to the questions.
- You must answer every question correctly to complete this module and receive your certificate.
- You will be asked to answer a question again if answered incorrectly or not answered at all. There is no time limit.
- You will be asked for your identifying information at the end of the session so that you can receive credit for taking this module.
- If you have questions about any of the information contained in this educational module please call Infectious Diseases Division at (312)572-2363.
- Click the image button below to start and enjoy

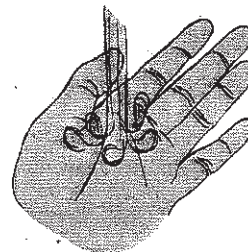
Hand hygiene must occur when performing the following activities:

- Before and after contact with a patient
- Before performing an invasive procedure
- After taking a patient's vital signs
- After touching the patient's environment
- All of the above



Hand hygiene must occur when performing the following activities:

- Before and after contact with a patient
- Before performing an invasive procedure
- After taking a patient's vital signs
- After touching the patient's environment
- All of the above



Hand Hygiene



Hand Hygiene Is Not Optional and Must Be Performed

- Before and After ALL Patient or Environmental Contact
- Before All Invasive Procedures
- Before and After Glove Use

What are the techniques for hand hygiene?

Soap Water:

- wash hands with water
- apply amount of soap
- rub hands/fingers together vigorously for at least 15 sec.
- rinse with water & dry thoroughly with disposable paper towel
- use towel to turn off the faucet
- use for hands that are grossly contaminated or when caring for patients with *C. difficile*

Alcohol-based hand rub:

- apply product to palm of one hand, rub hands & fingers together until dry

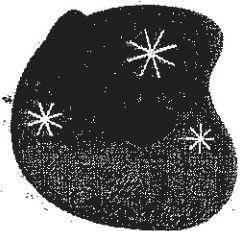
Nail Hygiene

- Cannot wear artificial fingernails or extenders when providing patient care
- Keep natural nails to <1/4 inch long,
- Keep nails clean and healthy

Problems/issues regarding alcohol-based gel dispensers?



- If broken call- 21102



- If empty call- 21002

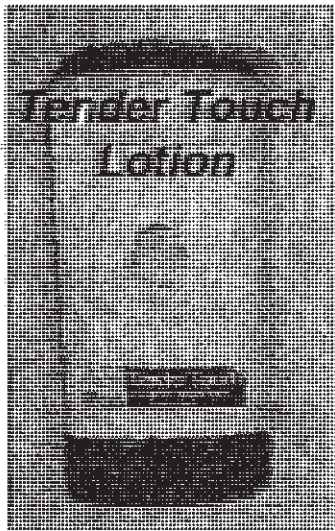
To relieve dryness of hands in the hospital, HCWs should:

- Use personal bottle of lotion brought from home
- Use any lotion or moisturizer found on the unit
- Use only lotion supplied by the hospital

To relieve dryness of hands in the hospital, HCWs should:

- Use personal bottle of lotion brought from home
- Use any lotion or moisturizer found on the unit
- Use only lotion supplied by the hospital

The story on moisturizers and lotions...



ONLY USE Hospital-approved and supplied lotions

Because:

- Some lotions make medicated soaps less effective
- Some lotions cause breakdown of latex gloves
- Lotions can become contaminated with bacteria if dispensers are refilled (do not refill lotion dispensers)

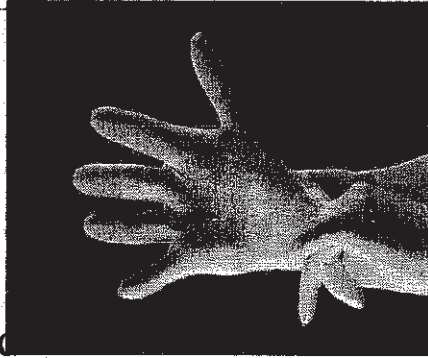
What is the primary reason that *you* wear gloves?

- Self-protection from germs in the hospital
- Protection of patients from infectious agents
- So I don't have to wash my hands as often
- To prevent contact with blood
- Because hospital policy requires it



What is the primary reason that *you* wear gloves?

- Self-protection from germs in the hospital
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- So I don't have to wash my hands as often
- To prevent contact with blood
- Because hospital policy requires it



What Benefits Do Gloves Provide?

- Reduction of hand contamination by as much as 70-80%
 - Prevention of cross-infection
 - Protection from infection
- Gloves need to be changed between patients
and
Hands should be cleansed IMMEDIATELY after glove removal!

Examples of Personal Protective Equipment (PPE) and Engineering Controls

PPE

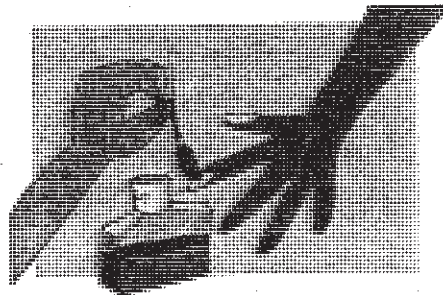
- Gowns
- Gloves
- Eye/Face Protection
- Masks

Engineering Controls

- Sharps Containers
- Centrifuge covers/splash shields
- Needleless or blunt cannula systems
- Sharps with engineered sharp injury protection

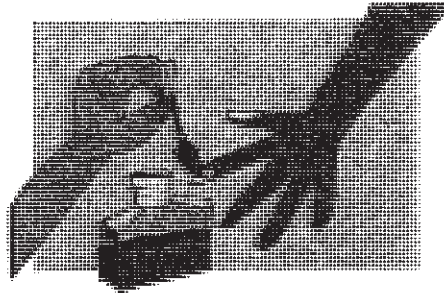
Use of artificial nails by healthcare workers pose no risk to patients.

- Yes
- No
- Who cares, they look good

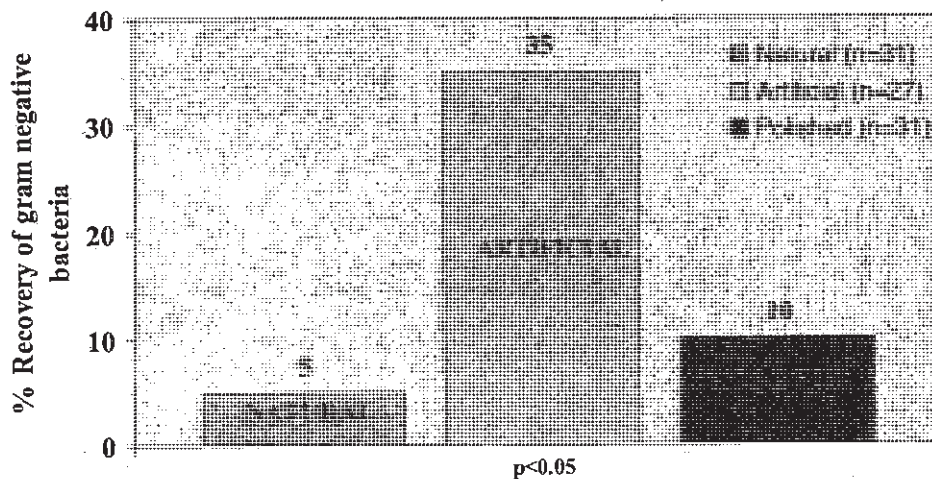


Use of artificial nails by healthcare workers pose no risk to patients.

- Yes
- No
- Who cares, they look good



Fashion Statements Can Harm the Patient



Avoid wearing artificial nails. Keep natural nails <math><1/4</math> inch if caring for patients.

Artificial Nails and Adverse Patient Outcomes

Outbreak of Pseudomonas aeruginosa in a neonatal intensive care unit - Moolenaar RL et al, Infect Control Hosp Epidemiol 21(2):80, 2000

- Association with RN wearing artificial nails
- 16 Deaths

Candida Osteomyelitis and Diskitis after Spinal Surgery – Parry et al, Clinical Infectious Diseases 32:352-7, 2001

- Association with OR Tech wearing artificial nails
- 3 cases

Standard Precautions include the following:

- Gloves when handling blood/body fluids
- Gown, mask and eye protection when a splash/spray is anticipated
- Replacing sharps containers when they are $\frac{3}{4}$ full
- All of the above

Safe Work Practices



- Eating, drinking, applying cosmetics or manipulating contact lenses should be performed ONLY in areas where there is NO risk for contact with blood/body fluids
- Do not place food in the same refrigerator as patient medications and obviously not in the same refrigerator as stored specimens



(Occupational Safety and Health Administration)

The following pathogens require Contact Precautions:

- Clostridium difficile
- MRSA (Methicillin Resistant *Staphylococcus aureus*)
- VRE (Vancomycin Resistant Enterococcus)
- Rotavirus
- All of the above

The following pathogens require Contact Precautions:

- Clostridium difficile
- MRSA (Methicillin Resistant *Staphylococcus aureus*)
- VRE (Vancomycin Resistant Enterococcus)
- Rotavirus
- All of the above

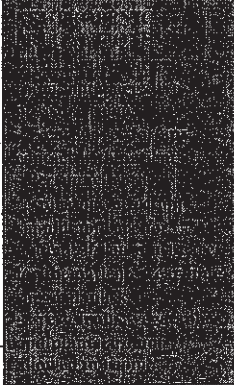




Which is not a transmission based precaution in our hospital

- Contact precautions
- Airborne precautions
- Droplet precautions
- Neutropenic precautions
- Strict Infection Control precautions

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PROVIDENT HOSPITAL OF COOK COUNTY ISOLATION SIGNAGE
 ALL VISITORS MUST REPORT TO NURSES' STATION BEFORE ENTERING
 STANDARD PRECAUTIONS PLUS

<p>CONTACT PRECAUTIONS</p> <ul style="list-style-type: none"> - gown required - gloves required - private room required - cohort only w/ infection control approval - use dedicated equipment - disinfect surfaces daily - avoid transporting patient out of room <p>FOR PATIENTS WITH C. DIFFICILE</p> <ul style="list-style-type: none"> - wash hands w/ soap and water 	<p>AIRBORNE PRECAUTIONS</p> <ul style="list-style-type: none"> - N 95 Mask required - Private negative pressure room required - Keep doors tightly closed - Avoid transporting patient if possible - Surgical mask on patient requiring transportation <p>CHICKEN POX/MEASLES PRECAUTIONS</p> <p>If immune care givers available do not enter room unless you have</p> <ul style="list-style-type: none"> - history of chicken pox/measles or - laboratory documented immunity <p>transport for chicken pox requires all lesions to be covered</p>	<p>DROPLET PRECAUTIONS</p> <ul style="list-style-type: none"> - Surgical mask required if within 3 feet of patient - Private room required - Avoid transporting patient out of room but if necessary place surgical mask on patient 	
			

PERFORM HAND HYGIENE AFTER ALL CONTACTS WITH PATIENTS OR ENVIRONMENT AND AFTER REMOVING GLOVES

PLACE X IN BOX (WITH INK PEN) INDICATING TYPE OF PRECAUTIONS

Patients colonized or infected with MRSA require contact precautions. Which of the following must a healthcare worker do to prevent transmission?

- Perform hand hygiene before and after patient or environmental contact.
- Wear gown and gloves before entering the room.
- Remove gown and gloves before leaving the room.
- All of the above.

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- Remove gown and gloves before leaving the room.
- All of the above.

Contact Precautions

- To prevent the spread of infections transmitted by contact of hand or body with infected patient or environment
- Place patients in contact precautions in single room if possible
- **Don gloves and gowns upon entry to patient room and remove upon exiting the room**
- Use of soap and water instead of ETOH hand sanitizers in cases of *C. difficile*
- Bleach containing detergent is preferable to other cleaners when disinfecting a room of a patients with *C. difficile*

Transporting Patient in Contact Precautions

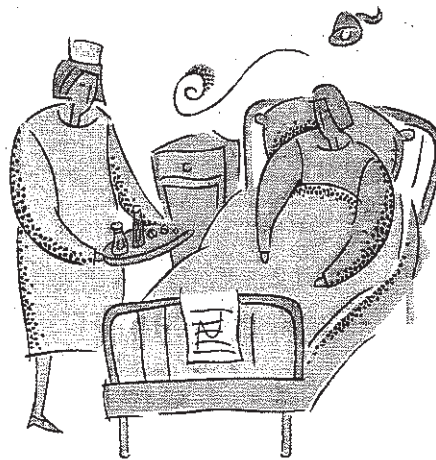
- Prior to transport, cover infected area of patient in clean linen and or bandage
- Transfer patient to gurney wearing gloves and gowns but remove and perform hand hygiene after transfer
- Transporters to not wear gloves or gowns when transporting patient but to have extra gown and pair of gloves in case there is the need to touch the patient or environment
- Upon arrival to destination, transfer patient to destination gurney or equipment wearing gowns and gloves

MRSA/MDRO Legislation

- **MRSA-stands for Methicillin (Oxacillin)-Resistant *Staphylococcus aureus*.**
 - Staphylococcus aureus* is a bacteria found on the skin or in noses of healthy people.
 - MRSA is a type of *Staphylococcus aureus* infection that is resistant to antibiotics making it more difficult to treat.
- **Public Act 095-0312-MRSA Screening and Reporting Act**
 - requires active surveillance testing for MRSA of all patients in intensive care units and other at-risk patients.
 - requires isolation of MRSA-colonized or infected patients.
 - requires monitoring and strict enforcement of hand hygiene.
 - requires reporting of the total number of MRSA infections.
- **Public 095-0282- Section 10.5 -Prevention and Control of Multidrug-Resistant Organisms (MDRO)**
 - requires facilities to implement comprehensive interventions to prevent and control and report multidrug-resistant organisms.
 - requires enforcement of hand hygiene requirements.

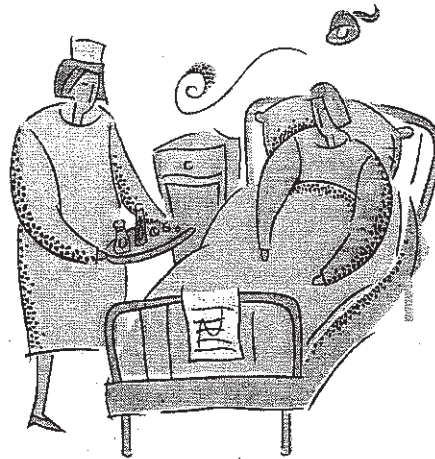
When placing a hand on a patient's bedside table, the hand can be contaminated with a multi-drug resistant organism e.g. MRSA, C-difficile, or VRE.

- True
- False



When placing a hand on a patient's bedside table, the hand can be contaminated with a multi-drug resistant organism e.g. MRSA, C-difficile, or VRE.

- ◉ True
- False



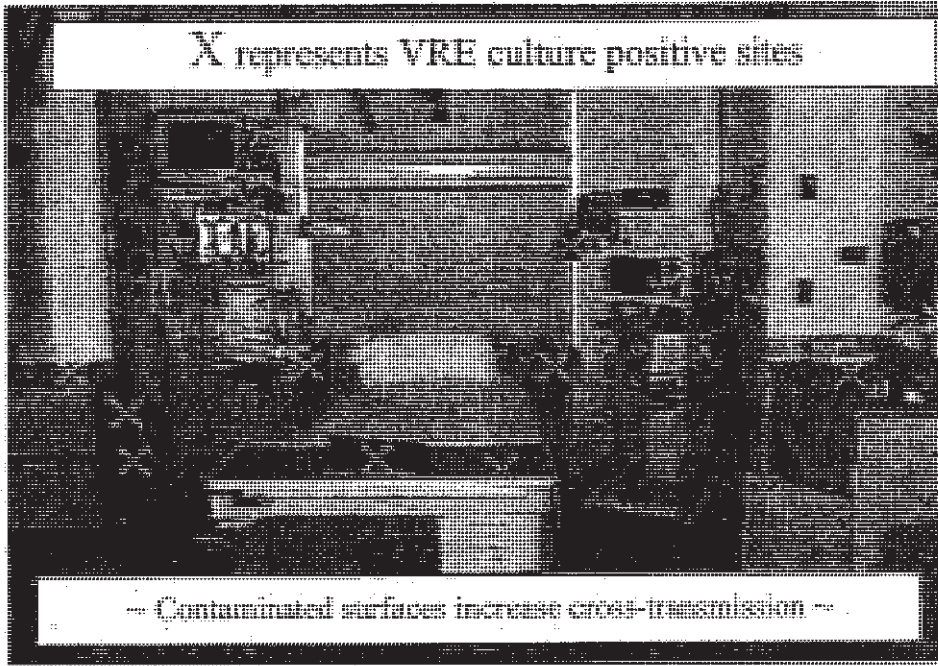
Recovery of VRE from Hands and Environmental Surfaces

- Up to 41% of HCWs hands sampled (after patient care and before hand hygiene) were positive for VRE¹
- VRE recovered from a number of environmental surfaces in patient rooms
- VRE survived on a countertop for up to 7 days²

¹ Hayden, *Clinical Infectious Diseases* 2000;31:1058-65

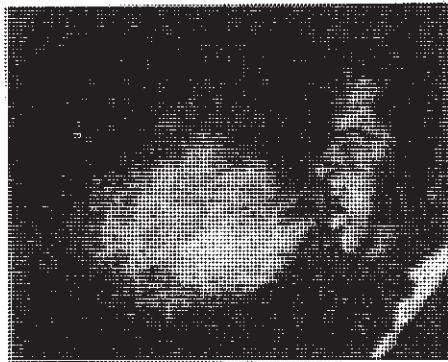
² Noskin, *Infection Control and Hospital Epidemiology* 1995;16:577-581

The Inanimate Environment Can Facilitate Transmission



MK Hayden, The Risk of Hand and Glove Contamination after Contact with a VRE (+) Patient Environment. ICAAC 2001.

Airborne Pathogens
Germs that can be spread
through the air



Which of the following diseases require Airborne Isolation?

- TB
- Measles
- Chickenpox
- Smallpox
- SARS
- All of the above

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Types of Respiratory Isolation

Type of isolation	Definition	Patient placement	Employee protection	Examples of organisms
Airborne	Organism transmitted by respiratory droplet nuclei (<0.5 um in size)	1- Negative pressure isolation room 2- Outside of room place surgical mask on patient	N-95 mask when entering patient room	TB Measles Chickenpox
Droplet	Organisms transmitted by respiratory droplets >0.5 um in size	1- Single bed room 2- Neg pressure not necessary 3- Outside of room, patient to wear surgical mask	Surgical mask when within 3 feet of patient and patient not wearing a mask	Influenza Mumps Rubella Parvovirus Pneumonic plague Meningococcus H. Flu Adenovirus Strep pharyngitis Diphtheria

Which patient symptoms would make you suspect pulmonary tuberculosis?

- Chronic cough (> 2 weeks)
- History of TB exposure
- Unexplained weight loss (e.g., 20 lbs in 4 months)
- History of a positive TB skin test
- All of the above

Which patient symptoms would make you suspect pulmonary tuberculosis?

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- History of TB exposure
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- History of a positive TB skin test
- All of the above

Signs and Symptoms of Tuberculosis

- Cough
 - Bloody Sputum
 - Fever
 - Chills
 - Night Sweats
 - Loss of Appetite
 - Unintentional Weight Loss
 - Easy Fatigability
 - Abnormal Chest X-ray
-
- It is the responsibility of the triage nurse in the ED to screen all patients for the above symptoms. Patients with 2 or more of the above should have a surgical mask placed on them and have an expedited CXR. They can also be placed in the negative pressure isolation room if available

Ruling Out TB

Sputum Specimen Collection

- Must have at least 3 consecutive sputum specimen collected in 8-24 hours interval.
- At least 1 sputum must be an early morning specimen.
- Sputum specimen must be collected in an Airborne Infection Isolation (AII) Room or Sputum Induction Booth.

What should a HCW do before entering the room of a patient in Airborne precautions?

- Wear an N95 respirator and keep for repeated use
- Wear a surgical mask
- Keep door propped open to let fresh air in
- Wear an N95 mask and discard after one use

What should a HCW do before entering the room of a patient in Airborne precautions?

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Positive Air Purifying Respirators (PAPRs)

- **Composed of a hood and oxygen power pack**
- **For HCWs who cannot wear or fail fit testing for N-95 respirators; Fit testing is performed by nursing, security and employee health upon beginning of employment.**
- **N-95 respirators come in small and regular sizes**
- **PAPR hoods are available at employee health during regular work hours and the hospital administrator after regular work hours, weekends and holidays**
- **PAPR power units are available on**
 - **8West (Room 8071 B-W)**
 - **8 East (room 8004D-E)**
 - **Emergency room- doctor's area**
 - **CCU south and CCU north (rooms 3029 G-W and 3028 O-W)**
 - **the OR- room 3012 A-E.**

When transporting a TB patient on an elevator, the following persons should be masked:

- Patient transporter
- Patient
- Both transporter and patient
- Everyone BUT the transporter and the patient

When transporting a TB patient on an elevator, the following persons should be masked:


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RESPIRATORY ETIQUETTE






- For patients coming in to the ED, outpatient pharmacy, hospital waiting rooms or other contact points between the community and the hospital
- Purpose: To prevent spread of respiratory illnesses like colds and flu which are spread by coughing, sneezing and soiled hands
- *Instructions to patients who are Coughing and/or Sneezing*
 - Cover your nose and mouth when sneezing or coughing
 - Cough or sneeze into a tissues and throw tissue away after use
 - Clean hands with either soap and water or alcohol hand rub after coughing and/or sneezing
- *Patients who are continually coughing or sneezing may be asked to wear a blue surgical mask*

****ATTENTION****


**STOP THE SPREAD OF GERMS
THAT MAKE PEOPLE SICK:**



Respiratory illnesses like colds, flu and SARS are spread by coughing, sneezing and unclean hands.

1. Cover your nose and mouth when you sneeze or cough. Cough or sneeze into a tissue such as a Kleenex® and throw it away in a wastebasket. 
2. After sneezing or coughing, clean your hands with soap and water or alcohol hand rub. 
3. To protect others from getting your germs, you may be asked to wear a mask if you are coughing or sneezing. 
4. Wash your hands frequently. Keeping your hands clean is the number one thing you can do to avoid spreading germs! 
5. Do not share eating utensils, drinking cups, water bottles, towels or other personal items including lip balm, lipstick, toothbrushes, etc. 

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Clark County Health Department
John M. Krueger, D.O.
Director
Clark County Health Department

Clark County Health Department
Donald R. Whittle, M.D.
Clerk
Clark County Health Department

For Further Information
248-3622/2281
or Your Community

ASSISTANTS
 Epidemiology & Community Health Services of Clark County • General Health Services of Clark County
 Clark County Department of Public Health • John E. Whipple, Sr. Hospital of Clark County
 South M. Tinkelman 6582 Center • Clark County Hospital of Clark County • Providence Hospital of Clark County

We apply a tuberculin skin test to HCWs every 12 months in order to:

- Place PPD positive HCWs in isolation
- Initiate treatment for active TB disease
- Identify converters with latent TB infection & evaluate for active disease
- Help HCWs overcome their fear of needles

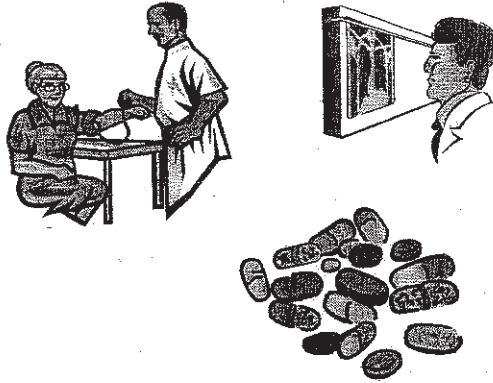
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Medical Evaluation Following a Positive Tuberculin Skin Test

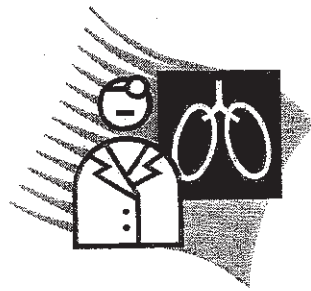
The medical evaluation is performed by the Employee Health Service and may include the following:

- Health Evaluation
- Chest X-Ray
- Sputum cultures
- Medication



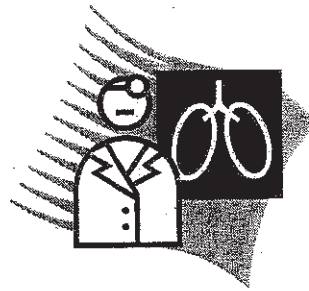
From 1997 to 2007, the number of TB cases seen at Provident Hospital has:

- Increased
- Decreased
- Remained about the same

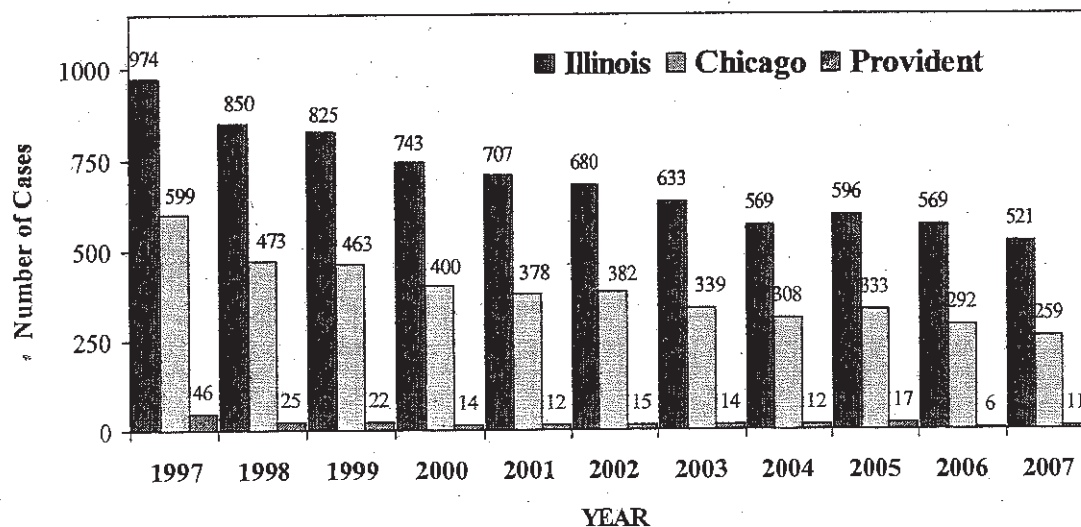


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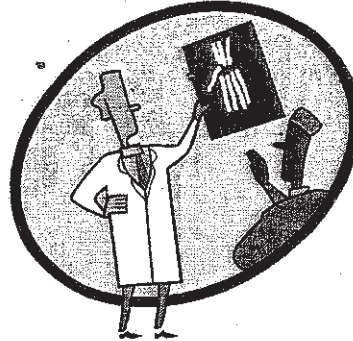


Tuberculosis Cases in Illinois, the City of Chicago and Provident Hospital 1997 – 2007



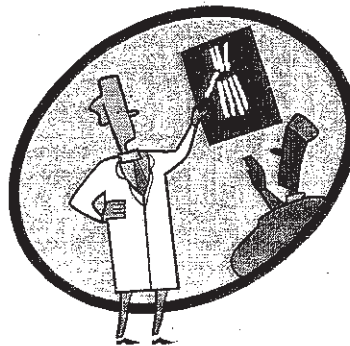
Healthcare workers are considered at high risk and should receive Influenza vaccine on an annual basis.

- True
- False



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Healthcare Workers and Influenza Vaccine

- The Advisory Committee on Immunizations recommends annual Influenza immunization for healthcare workers.
- A 2002 CDC survey determined that only 38% of healthcare workers were vaccinated
- PHCC vaccination rate at PHCC have ranged from 11-22% over the last 4 years
- Influenza vaccination of healthcare workers has been associated with reduced work absenteeism and fewer deaths among nursing home patients
- Influenza outbreaks in hospitals have resulted from low vaccination rates among healthcare providers.
- Some hospitals are mandating that HCW be vaccinated for influenza as a term of employment

1

During the 2007-2008 flu season (last did you receive flu vaccine?

1. **If yes**

- At a PHCC site
- At a non-PHCC site

2. **If no**

- Due to medical reasons
- Due to non-medical reasons



During the 2007-2008 flu season (last did you receive flu vaccine?)

1. If yes

- At a PHCC site
- At a non-PHCC site



2. If no

- Due to medical reasons
- Due to non-medical reasons

Protect Yourself – Protect Others Get Your Flu Shot!

- **Influenza Vaccine**
 - ✓ Influenza vaccination can prevent you from giving the flu to your patients, your colleagues and your family.
 - ✓ It prevents illness in 70-90% of healthy adults under 65 when the vaccine and the circulating strain match.
- **Vaccinate Your Patients**
 - ✓ The flu vaccine is the best way to prevent influenza hospitalizations and death.
 - ✓ Influenza causes an average of 36,000 deaths and 200,000 hospitalizations per year in the U. S. (CDC data, September 2005)
- **Protect Your Community**
 - ✓ Promote the flu vaccine throughout the influenza season. October and November are the best months to vaccinate, but the vaccine can be given as early as September and can be given in December and throughout the flu season.

All Influenza is the Same

- True
- False



All Influenza is the Same

- True
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Avian Influenza (H5N1)

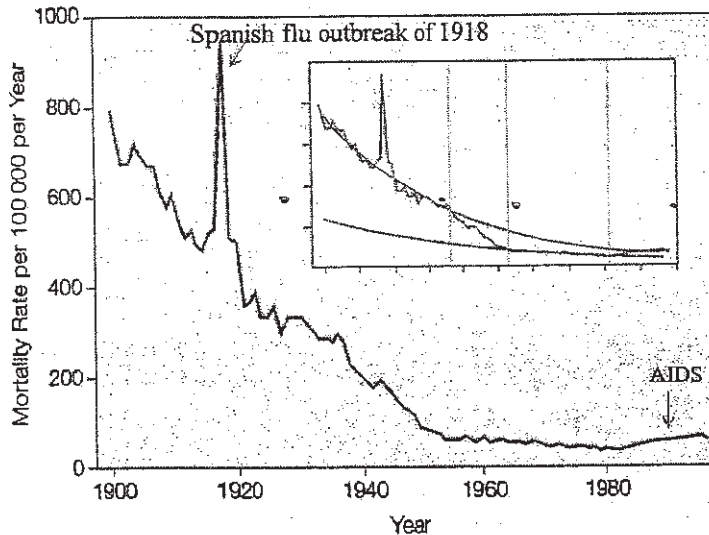


- Outbreaks have occurred in poultry since 1977 mostly in Asia.
- As of August 2006, there have been 241 laboratory confirmed human cases of avian influenza worldwide. Of those cases, 141 have died.
- There is concern that the virus will mutate in a way that allows it to spread from person to person.
- Early identification of all patients with respiratory symptoms will decrease the risk of transmission of all diseases that transmit through the air by droplets.

Flu Terms Defined

- **Seasonal** (or common) flu is a respiratory illness that can be transmitted person to person. Most people have some immunity and a vaccine is available.
- **Avian** (or bird) flu is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available.
- **Pandemic** flu is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread from person to person. Currently there is no pandemic flu.

US Infectious Disease Mortality: The Impact of Spanish Flu Outbreak of 1918

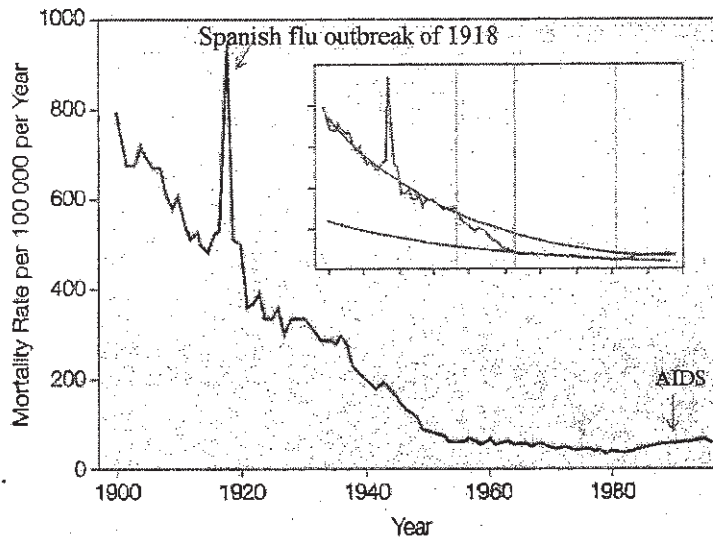


The Spanish Flu pandemic of 1918 had a much more deadly impact than the AIDS epidemic of the 1980's

Acute Infectious Respiratory Illness Protocol (AIRIP)

- Patients presenting with a fever and respiratory illness must be screened at the point of entry to care.
- They should be asked the following:
 - Do you have a new/worse cough or shortness of breath?
 - Are you feeling feverish or do you have a temperature?
- If the patient is symptomatic, they must be moved to a negative pressure isolation room when available or have a surgical mask placed on them.
- Upon entering the isolation room Staff must:
 - Wear an N95 respirator
 - Wear gloves if contacting the patient

US Infectious Disease Mortality: The Impact of Spanish Flu Outbreak of 1918



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Armstrong JAMA
1999;281:61

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Which of the Following is Considered a Category A Bioterrorism Agent?

- Anthrax
- Botulism
- Plague
- Smallpox
- Tularemia
- Viral hemorrhagic fever
- All of the above

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Infection Control

<i>Disease</i>	<i>Patient Isolation Precautions</i>	<i>Laboratory Containment</i>
Smallpox	Airborne & Contact	Yes
Plague	Airborne & Droplet	Yes
VHF	Airborne & Contact	Yes
Anthrax	Standard	No
Botulism	Standard	No
Tularemia	Standard	Yes

Control of Transmission of Infectious Rash Illness

Patients presenting with a fever and a rash of unknown origin must be:

- Instructed to wear a surgical mask
- Triaged to a private negative pressure isolation room.

Staff must:

- Wear an N95 respirator, gloves and gown
- Follow Airborne and Contact Isolation Precautions

Bloodborne Pathogens



All on-the-job injuries/exposures involving blood or other potentially infectious materials should be reported to:

- The first physician encountered in your area or unit
- Your own primary care physician
- The Emergency Department
- Inform your Supervisor, then go to Employee Health Service during regular work hours (8am to 4pm) and the Emergency Department during off-shift hours (4pm to 8am)

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Factors Considered by EHS when Evaluating if Post Exposure Prophylaxis (PEP) is needed

Source Material

- Blood, body fluids, OPIM*, instruments

Type of Exposure

- Percutaneous, mucous membrane, or compromised skin

Volume

- Small/large, few drops/major splash

Severity

- Solid needle vs. large hollow-bore, deep puncture, visible blood on device

HIV status of source

- CD4 count, AIDS, viral load

*OPIM (Other Potentially Infectious Material): semen, vaginal, CSF, synovial, pleural, peritoneal, pericardial, amniotic, tissue

~ Report ALL Exposures in a timely manner ~

What is the single most effective measure to prevent Hepatitis B Virus (HBV) infection?

- Avoid blood and body fluid exposures
- Receive 2 doses of HB vaccine
- Receive 3 doses of HB vaccine
- Get tested for HBV antibody yearly
- Wear gloves for any anticipated contact with blood

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Comparative Risks of Bloodborne Pathogen Transmission from Percutaneous Injury (Rule of “3s”)



- HIV – 0.3%
- Hepatitis C – 3%
- Hepatitis B – 30%

Hepatitis B Carries Greatest Risk!

Healthcare Workers Who Have Been Infected With Bloodborne Pathogens

- Hepatitis B
 - Occupational infections have decreased by 95% since hepatitis B vaccine became available. Less than 400 cases occurred in 2001.
- Hepatitis C
 - The number of occupationally acquired cases is unknown. Studies have shown 1% of healthcare workers have evidence of infection, similar to general population.
- HIV
 - There have been 57 documented cases and 139 possible cases reported as of December 2001.

CDC data
December 11, 2003

The correct contact time for the surface disinfectant used (Quik cide RTU) at PHCC is:

- 1 minute
- 5 minutes
- 10 minutes
- I have no idea



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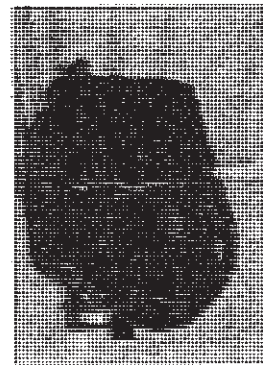
SURFACE DISINFECTION

Quik cide

- A quaternary ammonium (QUAT) product is used for surface disinfection throughout the hospital.
- The ready to use formulation available for use by all staff is Quik cide. We are currently phasing out the use of the old disinfectant (Asepticare TB+II)
- A one minute contact time is required in order to be effective (10 minutes for asepticare TB II)
- Wet the surface to be disinfected and allow to air dry for at least 1 minute.

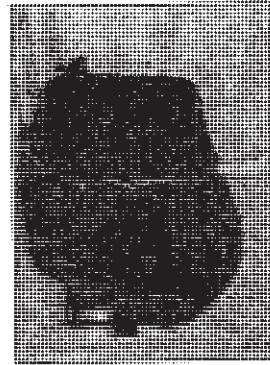
The following items should be placed in a red plastic bag for disposal:

- A used diaper or attends
- A blood soaked gauze
- A newspaper used by a patient on Airborne Precautions
- All of the above

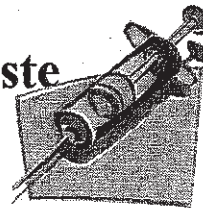
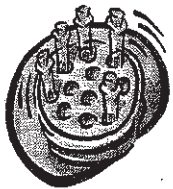


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- All of the above



Potentially Infectious Medical Waste



- All blood/body fluids, or disposable items contaminated with blood or body fluids that are not contained and may leak or drip
- All laboratory waste that has not been rendered non-infectious
- Contaminated sharps
- Biohazardous waste is much more costly to dispose of so only items contaminated with blood and body fluids should be disposed of here

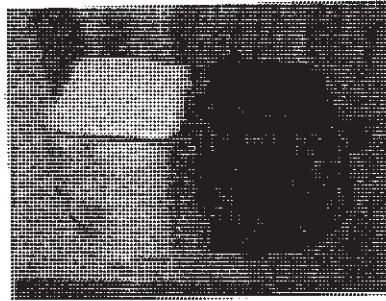
Think Before You Dispose of Waste

White

- Kleenex™
- Newspaper
- Wrap from a Sterile Tray
- IV Tubing without visible blood
- Disposable patient care items if not saturated or caked with blood/body fluids

Red

- Blood soaked gauze
- Blood bag and tubing
- Lab specimens and culture plates
- Bloody OR drapes



Point of Use Disposal

The sharps disposal container must be used for:

- Needles
- Blades
- Scalpels
- Any sharp object that might penetrate the trash bag

* Never place anything on top of the sharps disposal cabinet.

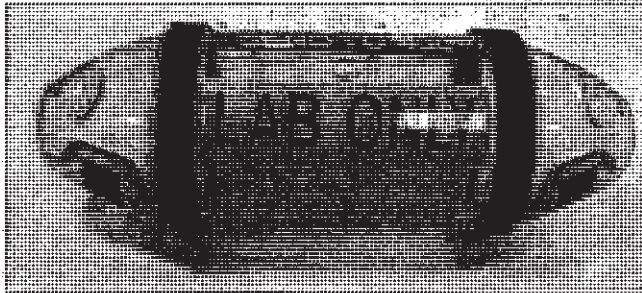
It may obstruct safe disposal and result in an exposure.

* Replace the sharps disposal liner when $\frac{3}{4}$ full and NEVER force a sharp into the liner.

* Always flush the sharp into the box after placing it on the disposal slot lip

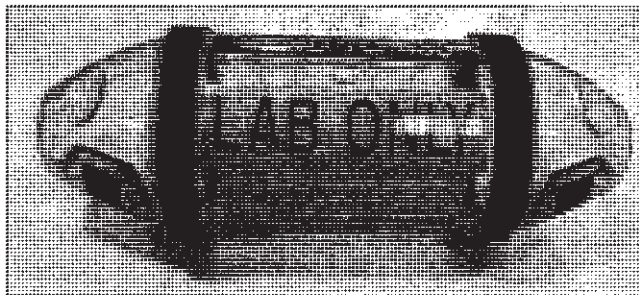
Laboratory specimens can be placed directly into the pneumatic tube for transportation to the lab.

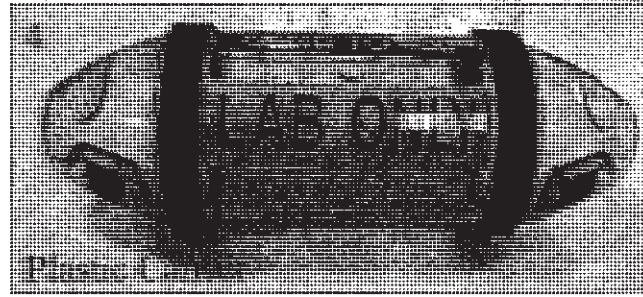
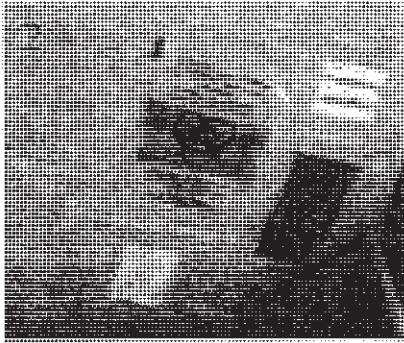
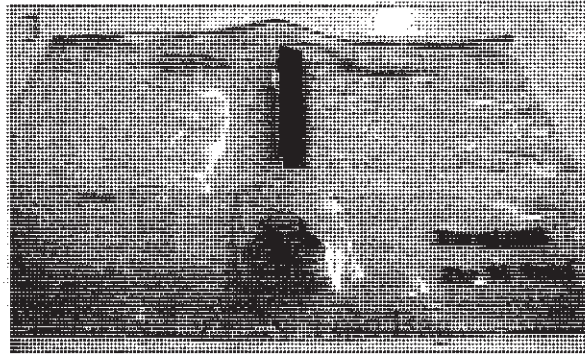
- True
- False



Laboratory specimens can be placed directly into the pneumatic tube for transportation to the lab.

- True
- False





How to Send Stuff- Lab Specimens

General Principles

- 1- Gloves must be worn when inserting and removing laboratory specimens from carriers.
- 2- Leakage is primarily due to:
 - Improper packaging and non-immobilization of contents
 - Use of non-leaktight containers or failure to tighten container lids
- 3- To prevent spillage or breakage, remember:
 - Containment prevents leakage
 - Immobilization ensures integrity

Sending Lab Specimens through the Pneumatic Tube system

- 1- Place specimens into leak proof container and close tightly
- 2- Place leak proof container into Zip loc bag and seal Zip loc bag tightly
- 3- Place Zip loc bag into a Zip N fold bag and seal tightly.
Also fold Zip N fold bag so that the velcro adheres
- 4- place Zip N Fold package into carrier which can be additionally cushioned with foam filler
- 5- Lab will return empty Zip N' Fold pouch to the carrier for distribution. If the carrier you receive does not have a Zip N' Fold pouch, contact the Lab to obtain one before sending additional specimens in that carrier.
- 6- *Zip N Fold bags are reusable while Zip loc bags should be discarded after use.*

Sending pharmaceuticals and paper work through the pneumatic tube system

- Pills or capsules that are individually packaged are considered in their own container and should be placed in a non labeled zip loc bag which is sealed
- Medications should also be secured in carrier with foam lining.
- DO NOT PLACE MEDICATIONS IN ZIP N FOLD BAG but leave the zip and fold bag in the container
- Paperwork can be placed directly in the carrier and does not require Zip lock nor Zip N Fold bags

Stuff that should not be sent through Pneumatic Tube System

Laboratory

1. 24 hour urines
2. Formalin and/or alcohol preserved specimens
3. Blood bags- empty or full
4. IV sets and IV solutions that have been implicated in a possible transfusion reaction
5. Unused spiked blood
6. Surgical specimens
7. Large volumes of body fluids
8. Blood or components used for transfusion

Pharmacy

1. Chemotherapeutic drugs
2. Narcotics/controlled drugs
3. Protein based drugs

Other

1. Drinks or food items
2. Contaminated supplies
3. Money/checks
4. Sharps
5. Patient valuables
6. Glass Objects

What to do if there is a spill

Note: Always wear gloves when handling carriers containing lab specimens.

If carrier is contaminated with spilled specimen

1. Stop sending carriers from the station
2. Call Engineering (2-1108) and report:
 - a. Receiving station's number
 - b. Sending station's number (if known)
 - c. Type of spill (specimen type and suspected amount)
 - d. Time the contaminated carrier arrived (or was first noticed)
 - e. Number of contaminated carriers that have arrived
3. Call sending unit and inform them that contaminated carrier has been received and specimen will be discarded
4. Engineering will shut down the Pneumatic Tube System
5. Engineering will notify the House Administrator (HA) of the spill (2- 2050).

Surgical Site Infection Prevention

- The Joint Commission National Patient safety Gal, 07.05.01 evidence based practices for the prevention of surgical site infections. These practices include
 - Do not use razors to remove excess hair, use hair clippers instead
 - Control blood glucose level for all post op patients
 - Use chlorhexidime bath prior to surgery when appropriate
 - Administer antibiotic prophylaxis in a timely basis (1 hour prior to surgical procedure for all antibiotics except for vancomycin and flouroquinolones (up to 2 hours before) and discontinue with 24 hours after surgery.



Prevention of Central Catheter Associated infections

- Upon placement of the catheter
 - Use an all inclusive central line kit or cart containing all of necessary components for placing a central venous catheter perform hand hygiene prior to the procedure
 - Personnel involved in the placement of the line should wear
 - Use a long body drape to cover the entire body drape to cover the entire body of the patient during the procedure
 - Prep the area using chlorhexidime based disinfectants for people > 2 months of age
 - Preferentially place the central line in on femoral sites
 - Complete the central line bundle checklist at the completion of the placement of the line



Prevention of Central Line Infections

- Maintaining the line
 - Ensure that the catheter is properly anchored as a loose line slides back and forth and is at increased risk for infection
 - Gauze dressings should be changed every 2 days and transparent dressings should be changed at least weekly
 - Use a chlorhexidime impregnated disc if available
 - Change dressing if it becomes loose damp or soiled



Prevention of Central Catheter Associated infections

- Accessing the line
 - Lines accession should be limited to as few times as possible
 - Prior to accessing the line, perform hand hygiene and put on gloves
 - Clean and wipe the insertion hub with an alcohol swab

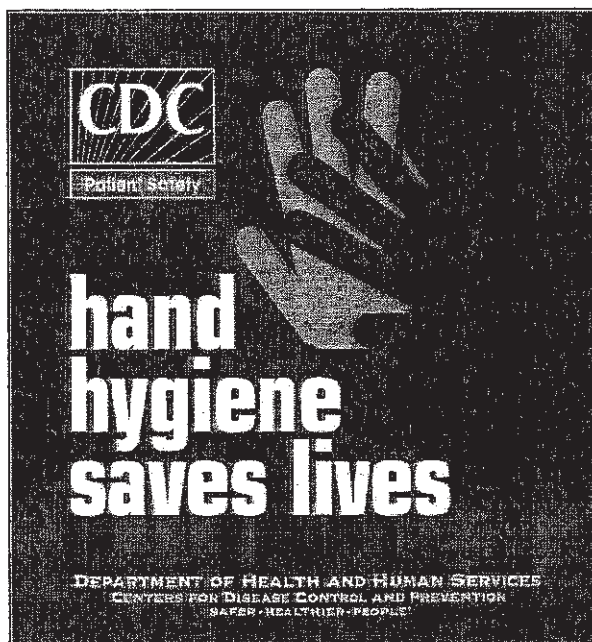


Prevention of Central Catheter Associated infections

- Monitoring the line
 - As part of the central line bundle; all central lines should be monitored on a daily basis for signs of infection (e.g. erythema, purulent drainage, red streaking, line tenderness and swelling). If this is observed the line should be removed immediately and a line placed at a site away from the infected site
 - Lines should be monitored on a daily basis for need and if not necessary, it should be pulled out.



Thank you for your participation and cooperation!



Please return the keypad and white copy of the certificate.



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

Mandatory In-Service Self-Learning Education Manual



Provident Hospital of Cook County

MANDATORY IN-SERVICE SELF-LEARNING EDUCATION MANUAL

List of Materials

- I. Mission / Vision
- II. Preface
- III. Security
 - A. Security Management
 - B. Code Abduct
 - C. Violence in the Workplace
 - 1. Workplace Violence Policy
 - 2. Policy on Domestic and Sexual Violence in the Workplace
 - 3. Workplace Violence Prevention
- IV. Know Your Emergency Codes
- V. Reporting Suspected Abuse / Neglect
- VI. Corporate Compliance
 - A. Corporate Compliance Program
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- VIII. Environment of Care / Life Safety / Emergency Management
 - A. Environmental Risks
 - B. Safety Management
 - C. Safety Risk Assessment
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 - E. Life Safety
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- IX. Medical and Clinical Equipment
 - A. Types of Equipment
 - B. Equipment Maintenance
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- X. Hazardous Materials and Waste Management
 - A. Definitions – Hazardous Materials
 - B. Needle Safety
 - C. Material Safety Data Sheet (MSDS)
 - D. Precautions
 - E. Protection from Exposure
 - F. Code Orange
 - G. Utility Systems Management

- XI. Radiation Safety

- XII. Body Mechanics
 - A. Posture
 - B. Proper Lifting Techniques
 - C. Back Protection Tips

- XIII. Age Appropriate Care

- XIV. Quality and Performance Improvement
 - A. Definition
 - B. Purpose
 - C. Responsibility
 - D. Quality Model and Tools
 - E. Quality Projects and Performance Improvement Goals
 - 1. Patient Thru Put Team
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 - F. National Patient Safety Goals

- XV. Risk Management
 - A. Definition
 - B. Stages of Risk Management
 - C. Components and Process of Risk Management
 - D. Risk Identification
 - E. Prevention Strategies
 - F. Policies and Procedures
 - 1. Medical Devices, Products, and Equipment: Defective and Recalls
 - 2. Patient Safety Reports
 - 3. Service of Hospital Personnel and In-Patients with Subpoena, Summons and Complaints

- XIV. Infection Control/Hand Hygiene



Provident Hospital of Cook County

MANDATORY IN-SERVICE SELF-LEARNING EDUCATION MANUAL

MISSION

The Mission of Provident Hospital of Cook County is to continuously improve the quality and availability of comprehensive health care services to all of the county's residents-regardless of ability to pay.

To accomplish our mission, we call upon the skills and expertise of all of our staff who work together to serve the health needs of the community.

VISION

Provident Hospital of Cook County will be the premiere public community teaching institution of its size in the country with an emphasis on primary care.



Provident Hospital of Cook County

Preface

Mandatory Education assists us to meet the overall Mission of the Hospital as well as the requirements set by outside Regulatory, Accrediting and Governmental Agencies.

The Mandatory Self-Learning Program delineates the basic framework of the curriculum established by Provident Hospital of Cook County.

This program is:

1. Required by all staff, associated health care and contract providers of Provident Hospital of Cook County.
2. Mandated by Provident Hospital of Cook County policies and/or national, state and JCAHO regulations.

The Mandatory In-Service Education Self-Learning Program reflects an interdisciplinary approach for employee practice. Mandatory Education is necessary for employees in order to help you:

- Perform safely and accurately
- Strive towards excellence
- Promote consistency in performance
- Provide state of the art care in a humanistic environment.

All hospital employees are required to fulfill their mandatory training via the read and sign methodology annually.



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

Security

Security Management



Purpose

- The purpose of Security Management is to ensure a safe work environment for patients, visitors and staff, and to protect the capital assets of the Hospital complex.

- Minimize risks:
 - Stay alert in your surroundings
 - Wear your I.D. badge at all times
 - Secure your personal items out of public view or access
 - Report strangers or security to Public Safety / Security

What You Should Report

□ Problems to report:

Disturbances involving:

- Patients
- Staff
- Visitors

Damage/property loss

Smoking (all CCHS campuses are smoke-free as of Nov. 2009)

Alcohol, drugs and weapons

Patient abuse or sexual assault

Summary of Code Abduct

□ In the event of an Infant / Child Abduction, remember:

NURSING

- Dial the Emergency Line (x2-1911)
- Provide the Hospital Operator the location of occurrence
- Contact Hospital Security
- Protect the crime scene until Hospital Security arrives to take over until the Chicago Police Department arrives
- Move the parents of the abducted child to a private room off the maternity floor
- Detail the nurse assigned to the mother and infant to accompany them at all times, protecting them from stressful contact with the media and other interference

Summary of Code Abduct *(cont'd)*

NURSING

- Nurses on the unit immediately search the entire unit and perform a head count of all infants
- The Nursing Supervisor or Charge Nurse will question the mother of the infant suspected to be missing as to other possible locations of the child

OPERATOR

- Contact the Chief Operating Officer and Director of Public Affairs. The COO will contact the Federal Bureau of Investigations.
- Notify the following management staff and instruct them to report to the Command Center:
 - Director of Security
 - Chief Medical Officer
 - Director of Quality
 - Other Applicable Members of Management

Summary of Code Abduct *(cont'd)*

SECURITY

- Position security personnel at each entry and exit posts
- Contact the Director of Security and Assistant Director of Security
- Upon notification of Code Abduct, will go immediately to the areas where the infant/child was last seen and security it to ensure no one enters until Chicago Police arrives
- Ensure no one is allowed to leave or enter the hospital while a Code Abduct is in progress

ALL EMPLOYEES

- Remain in their area until instructed to leave
- Call the Emergency Line (x2-1911) to report any suspicious actions
- If Code Abduct occurs during change of shifts, employees must remain on site until excused by the Chief Operating Officer of their Designee



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**

CCHHS

Workplace Violence



Cook County Workplace Violence Policy

Page: 1 of 4 Policy # 5.31.06

I. Purpose and Policy

- A. Cook County is committed to providing a safe and healthy workplace for employees and the public. Workplace violence is the second leading cause of work-related death in the United States. The purpose of this Policy is to prevent and address violent acts in the Cook County workplace so as to lessen the risk of harm to employees and others.
- B. This Policy is intended to provide guidelines for preventing, reporting and investigating incidents of violence in the workplace, as well as formulating appropriate remedial action. It is not intended to substitute for or discourage reporting of incidents of workplace violence to the appropriate law enforcement authorities. Nothing in this Policy is intended to nor shall be construed to create any private cause of action against the County of Cook or any of its employees, nor shall it be construed to create any contractual or other rights or expectations. However, nothing herein is intended to affect any existing civil or other remedy which may be available to any person arising out of an incident of violence in the workplace.
- C. Allegations of violence committed by or against sworn police officers and security personnel in the course of their official duties are not covered by this Policy and shall be referred to the appropriate authorities. However, this Policy covers such employees insofar as violence may result from interaction with co-workers, or fall outside the scope of their duties.

II. Purpose and Policy

Workplace violence, as used in this Policy, includes but is not limited to, written or verbal communications, whether direct or indirect, which are of a threatening, intimidating or coercive natures; the use or threat of physical force, stalking; vandalism or destruction of property; and the use or possession of any weapon and/or ammunition, unless the specific weapon, ammunition, or use is authorized by the County for a particular work assignment, and used as authorized.

III. Coverage

Cook County's Policy on workplace violence applies to all County employees. Employees who violate this Policy may be subject to legal action as appropriate. Violation of this Policy by an employee we may lead to disciplinary action, up to



Cook County Workplace Violence Policy

Page: 2 of 4 Policy # 5.31.06

and including termination, in accordance with the applicable law, rule or collective bargaining agreement.

IV. Responsibilities of County Employees

- A. Each County Department Head, manager/supervisor and employee shall work cooperatively regarding the implementation of this Policy.
- B. Department Heads or their designees shall be responsible for the implementation of this Policy; for the receipt of and reporting of all incidents of violence and orders of protection reported by employees in their departments, for the investigation of reports of violence in their departments and for preparing recommendations for appropriate remedial action.
- C. Department Heads or their designees shall be responsible for implementing and maintaining safe workplace practices, including this Policy, and for communicating this Policy to the employees under their direction.
- D. All employees, managers/supervisors, shall immediately report incidents of violence in the workplace or any potentially dangerous situation to their respective managers/supervisors, and, where appropriate, to law enforcement authorities.
- E. All employees, manager/supervisors, shall notify their respective manager/supervisor when an order of protection has been obtained naming County premises, and are encouraged, but not required, to make such notification when an order of protection is obtained that involves himself/herself.
- F. Department Heads and their designees shall be responsible for oversight of the County's implementation of this Policy; development of a Cook County Violence in the Workplace Procedural Manual, which will include, but will not be limited to, incident assessment and investigation procedures; investigation of incidents of violence; recommendations for appropriate remedial action; and recommendations concerning prevention of violence in the workplace.
- G. All employees, manager/supervisors, shall cooperate in the course of an investigation under this Policy.
- H. In the event that workplace violence results in injuries requiring immediate



Cook County Workplace Violence Policy

Page: 3 of 4 Policy # 5.31.06

medical attention, appropriate emergency services shall immediately be contacted as well as building security. If the injured party is a County employee, that employee, if circumstances allow, shall report said incident to a manager. If a County employee, other than the injured party, becomes aware of an injury, that employee shall report said incident to a manager. The incident shall then be reported to the Department Head or his or her designee. All employees shall cooperate with law enforcement, fire, medical and other emergency personnel. Department Heads and their designees will be responsible for monitoring incoming calls and recording actions taken in response to the crisis situation.

V. Investigation

Department Heads or their designee shall promptly investigate each report of an incident of workplace violence. Employees and other witnesses may be questioned concerning incidents of workplace violence. Department Heads or their designees shall contact law enforcement authorities whenever a possible violation of criminal law is discovered during an investigation. An investigative report, with recommendations for remedial and/or disciplinary action shall then be prepared.

VI. Non-Retaliation

Retaliation against any employee who makes a good faith complaint or report of workplace violence or participates in or aids in the investigation of a complaint under this Policy is prohibited. Any person who believes that he or she has been subject to such retaliation shall bring it to the attention of the appropriate Department Head and/or his or her designee.

VII. False or Frivolous Complaints

False or frivolous charges refer to situations in which the accuser is consciously making a false accusation pertaining to a workplace violence issue. It does not refer to charges made in good faith which ultimately cannot be proven. Given the seriousness of the consequences for the accused, a false or frivolous charge is a severe offense that is cause for disciplinary action.



Cook County Workplace Violence Policy

Page: 4 of 4 Policy # 5.31.06

VIII. Confidentiality

Consistent with the necessity of prevention of workplace violence, the privacy of the reporting employee and the investigation of violence in the workplace; all reports and investigations of workplace violence will be kept confidential to the extent practicable under the circumstances. The reports and investigations of the workplace violence are not subject to public disclosure except as may be necessary for disciplinary action or as otherwise required by law.

IX. Training

Department Heads and/or their designees shall conduct violence in the workplace training for managers/supervisors. The managers/supervisors shall be responsible for communicating this Policy to the employees under their direction.

**COOK COUNTY
POLICY ON DOMESTIC AND SEXUAL VIOLENCE IN THE
WORKPLACE**

I. PURPOSE

The County is committed to promoting the health and safety of our employees. Violence is a leading cause of injury to women in this country. The purpose of this policy is to heighten awareness of domestic and sexual violence and to provide guidance for employees and management to address the occurrence of domestic and sexual violence and its effects in the Cook County workplace.

II. DEFINITIONS

A. Domestic or sexual violence: Domestic violence, sexual assault, or stalking.

B. Domestic violence: Domestic violence includes acts or threats of violence or intimidation, not including acts of self defense, as defined in subdivision (3) of Section 103 of the Illinois Domestic Violence Act of 1986, or sexual assault, to the person or the person's family or household member.

C. Batterer, Perpetrator, or Abuser: The individual who commits an act of domestic or sexual violence as defined above.

D. Batterer Intervention Programs: Programs for batterers that are designed to eliminate violence in intimate relationships, stop other forms of abusive behavior and increase victim safety.

E. Sexual Assault: Any conduct proscribed by the Criminal Code of 1961 in Sections 12-13, 12-14, 12-14.1, 12-15, and 12-16.

F. Stalking: Any conduct proscribed by the Criminal Code of 1961 in Sections 12-7.3 and 12-7.4.

G. Survivor or Victim: The individual who is the subject of an act of domestic or sexual violence or who, with the exception of the batterer, perpetrator or abuser, has a family or household member who is the victim of domestic or sexual violence.

H. VESSA: The Illinois Victim's Economic Security and Safety Act of 2003, 820 ILCS 180 et seq.

III. POLICY

A. Early Intervention and Education Prevention Strategies

1. It is the policy of Cook County to use early intervention and prevention strategies in order to avoid or minimize the occurrence and effects of domestic or sexual violence in the workplace. Cook County will provide available support, assistance, and reasonable accommodations, absent undue hardship, to employees who are survivors/victims of domestic or sexual violence. Support and reasonable accommodations may include: confidential means for coming forward for help, resource and referral information, additional security at the workplace, work schedule adjustments or leave necessary to obtain medical counseling or legal assistance, or workplace relocation if operations permit. Cook County will attempt to make written and referral information available in any language necessary. In all responses to domestic or sexual violence, Cook County will respect the confidentiality and autonomy of the adult survivor/victim to direct her or his own life, to the fullest extent permitted by law.

2. Cook County will maintain, publish, and post in locations of high visibility, such as bulletin boards and break rooms, health/first aid offices, County phone directories, and online information data bases, a list of resources for survivors/victims and perpetrators of domestic or sexual violence, including but not limited to the Illinois Coalition Against Domestic Violence (217) 789-2830, the national domestic violence hotline number (800) 799-SAFE, the number to the Employee Assistance Program (312) 263-2747, and the phone numbers and descriptions of local domestic violence and sexual assault resources. Cook County will also post a notice prepared by the Illinois Department of Labor, summarizing the requirements of VESSA and information pertaining to filing of a charge.

Cook County shall train and educate its employees and managers about domestic and sexual violence issues and this policy. This training and education may include:

- a. disseminating information in employee newsletters and other employee communication materials;

- b. providing training and resources to supervisors and human resources representatives to increase their awareness and ability to recognize domestic and sexual violence issues, to help them deal with the issues appropriately in the workplace and assist survivor/victims and/or abusers to access available services; and
- c. incorporating information about domestic and sexual violence and the County policy into the County's new employee/new supervisor orientation programs.

B. Leave Options for Employees Who are Survivors or Victims of Domestic or Sexual Violence or Who Have a Family or Household Member Who is the Victim of Domestic or Sexual Violence

- 1. At times, an employee may need to be absent from work due to domestic or sexual violence. When determining leave options, employees, supervisors and managers shall comply with VESSA which allows, at minimum, a total of 12 unpaid work weeks of leave during any 12-month period. The actual length of time should be determined by the employee's situation. Extended time beyond the 12 weeks guaranteed by VESSA shall be determined through collaboration with the employee, supervisor/manager, human resources representative, and union representative, where the employee is represented. Leave may be taken intermittently or on a reduced work schedule.
- 2. Employees, supervisors, and managers are encouraged to first explore whether paid options can be arranged that will help the employee cope with a family violence situation without having to take a formal unpaid leave of absence. Depending on the circumstances, and provided operations permit, these options may include: arranging flexible work hours so that the employee can handle legal matters, court appearances, housing, and childcare issues; and permitting use of sick leave, annual leave, shared leave or compensatory time.

C. Procedures for Employees with Performance Issues Related to Domestic or Sexual Violence

While the employer retains the right to discipline employees for cause, Cook County recognizes that survivors/ victims of domestic or sexual violence may have performance or conduct problems such as chronic absenteeism or inability to concentrate as a result of the violence. When an employee subject to discipline confides that the job performance or conduct problem is caused by domestic or sexual violence, a referral for appropriate assistance should be offered to the employee.

D. Discrimination and Retaliation Protection for Employees Who Are Survivors/Victims of Domestic or Sexual Violence or Who Have a Family or Household Member Who Is the Victim of Domestic or Sexual Violence

1. In accordance with VESSA, Cook County shall not discriminate in the hiring process or, refuse to hire, discharge, or harass any prospective employee or employee, otherwise discriminate against any employee with respect to the compensation, terms, conditions, or privileges of employment, or retaliate against an employee in any form or manner because: (a) perceived to be or is a victim of domestic or sexual violence; (b) with the exception of the batterer, perpetrator or abuser, has participated in legal proceedings related to an incident of domestic or sexual violence of which the employee or a family or household member was a victim; or (c) if the workplace is disrupted or threatened by the action of a person whom the employee states has committed or threatened to commit domestic or sexual violence against the employee or the employee's family or household member.
2. For purposes of this section, discrimination, with respect to the terms, conditions, or privileges of employment, includes the failure to make a reasonable accommodation, of an otherwise qualified individual, absent undue hardship, to the known limitations resulting from circumstances relating to being a survivor/victim of domestic or sexual violence or having a family or household member who is the victim of domestic or sexual violence.
3. Reasonable accommodation may include leave options, adjustment to work schedules, additional security at the workplace, or workplace relocation if operations permit. In determining whether a reasonable accommodation would impose an undue hardship, factors to be considered include, but are not limited to, the nature and cost of the reasonable accommodation required, the overall financial resources of the facility involved in the provision of the reasonable accommodation and the impact to the operation of the department.

E. Disciplinary Procedures for Employees Who Commit Acts or Threats of Domestic or Sexual Violence

1. Cook County is committed to providing a workplace in which the perpetration of domestic or sexual violence is neither tolerated nor excused. Any physical assault or threat made by an employee while on Cook County premises, during working hours, or at a Cook County sponsored event is a serious violation of Cook County policy. This policy applies not only to acts against other employees, but to acts against all other persons. Employees found to have violated this policy will be subject to corrective or disciplinary action, up to and including discharge.
2. Employees who are convicted of a crime of domestic or sexual violence may be subject to corrective or disciplinary action, up to and including discharge, when such action affects the work performance of the employee, affects normal operations of Cook County, or otherwise implicates County rules.

F. Guidelines and Plan for Implementation

The Cook County Bureau of Human Resources is charged with the development of guidelines, training programs and written educational materials consistent with the goals of this policy. These guidelines and other material shall be used to assist individual County departments and offices in implementation of this policy. In implementation of this policy, each County department and office shall have the flexibility to address its individual needs and concerns provided they comply with VESSA. All County department heads and employees shall render such aid and assistance as is required for implementation of this policy.

Revised 1/18/06



WORKPLACE VIOLENCE PREVENTION

Health Care and Social
Service Workers
Provident Hospital

Definition



Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting


A workplace may be any location either permanent or temporary where an employee performs any work-related duty

Definition Cont'd

- This includes, but is not limited to, the buildings and the surrounding perimeters, including the parking lots, field locations, clients' homes and traveling to and from work assignments



Workplace Violence Includes:


- Beatings
- Stabbings
- Suicides
- Shootings
- Rapes
- Near-suicides
- Psychological traumas
- Threats or obscene phone calls 
- Intimidation
- Harassment of any nature
- Being followed, sworn or shouted at

Examples

- Verbal threats to inflict bodily harm; including vague or covert threats
- Attempting to cause physical harm; striking, pushing and other aggressive physical acts against another person



Examples

- Verbal harassment, abusive or offensive language, gestures or other discourteous conduct towards supervisors, fellow employees, or the public 
- Disorderly conduct, such as shouting, throwing or pushing objects, punching walls, and slamming doors

Examples

- Making false, malicious or unfounded statements against coworkers, supervisors, or subordinates which tend to damage their reputations or undermine their authority



Examples

- Inappropriate remarks, such as making delusional statements
- Fascination with guns or other weapons, bringing weapons into the workplace



Types of Workplace Violence

- Violence by strangers
- Violence by customers or clients
- Violence by co-workers
- Violence by personal relations



Statistics on Workplace Violence

- Homicide is the second leading cause of death in the workplace
- In 2007, there were 610 homicides in America's workplaces
- Assaults and threats of violence number almost 2 million a year

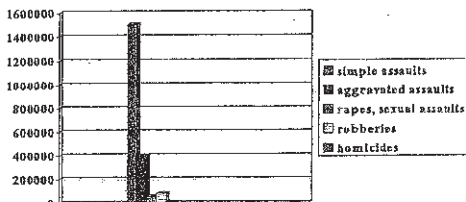


Statistics



- Most common was simple assaults: 1.5 million a year
- Aggravated assaults: 396,000
- Rapes and sexual assaults: 51,000
- Robberies: 84,000
- Homicides: nearly 1,000

Assaults and Homicides



Economic Impact of Workplace Violence

- Cost 500,000 employees 1,175,100 lost work days each year
- Lost wages: \$55 million annually
- Lost productivity, legal expenses, property damage, diminished public image, increased security: \$ billions \$



Risk Factors

- Prevalence of handguns and other weapons among patients, their families, or friends
- Increasing use of hospitals by the criminal justice system for criminal holds and the care of acutely disturbed, violent individuals



Risk Factors (cont'd)

- Increasing number of acute and chronically mentally ill patients being released from hospitals without follow-up care, who now have the right to refuse medicine and who can no longer be hospitalized involuntarily unless they pose a threat to themselves or others



Risk Factors (cont'd)

- Availability of drugs and money at hospitals, clinics and pharmacies, making them likely robbery targets
- Unrestricted movement of the public in clinics and hospitals



Risk Factors (cont'd)

- Presence of gang members, drug/alcohol abusers, trauma patients, distraught family members
- Low staffing levels during times of increased activity such as meal and visiting times, transporting of patients



Risk Factors (cont'd)

- Isolated work with clients during exams or treatment
- Solo work, often in remote locations, high crime settings with no back-up or means of obtaining assistance such as communication devices or alarm systems



Risk Factors (cont'd)

- Lack of training in recognizing and managing escalating hostile and aggressive behavior
- Poorly-lighted parking areas



OSHA's Commitment

OSHA has developed guidelines to provide information to assist employers in meeting their responsibilities under the OSH Act.



OSHA Guidelines

- Not a new standard or regulation
- Advisory in nature and informational in content
- Intended for use by employers who are seeking to provide a safe and healthful workplace through effective workplace violence programs



OSHA Guidelines

Based on OSHA's Safety and Health Program Management Guidelines published in 1989



OSHA GENERAL DUTY CLAUSE:
SECTION 5(a)(1)

Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or likely to cause death or serious physical harm

This includes the prevention and control of the hazard of workplace violence



OSHA General Duty Clause (cont'd)

OSHA will rely on Section 5 (a)(1) of the OSH Act for enforcement authority



Workplace Violence
Prevention Program Elements

- Management Commitment and Employee Involvement
- Worksite Analysis
- Hazard Prevention and Control
- Training and Education
- Recordkeeping and Evaluation of Program



Management Commitment
and Employee Involvement

- Complementary and essential
- Management commitment provides the motivating force to deal effectively with workplace violence
- Employee involvement and feedback-enable workers to develop and express their commitment to safety and health



Management Commitment

- Organizational concern for employee emotional and physical safety and health
- Equal commitment to worker safety and health and patient/client safety
- System of accountability for involved managers, and employees

Management Commitment (cont'd)

- Create and disseminate a clear policy of zero tolerance for workplace violence
- Ensure no reprisals are taken against employees who report incidents
- Encourage employees to promptly report incidents and suggest ways to reduce or eliminate risks

Management Commitment (cont'd)

- Outline a comprehensive plan for maintaining security in the workplace
- Assign responsibility and authority for program to individuals with appropriate training and skills
- Affirm management commitment to worker supportive environment
- Set up company briefings as part of the initial effort to address safety issues

Employee Involvement



- Understand and comply with the workplace violence prevention program and other safety and security measures
- Participate in employee complaints or suggestion procedures covering safety and security concerns
- Prompt and accurate reporting of violent incidents

Worksite Analysis

- Step-by-step look at the workplace, to find existing or potential hazards for workplace violence



Worksite Analysis (cont'd)

- A "Threat assessment Team", Patient Assault Team, or similar task force may assess the vulnerability to workplace violence and determine appropriate actions



Worksite Analysis
Recommended Program

- Analyzing and tracking records
- Monitoring trends and analyzing incidents
- Screening surveys
- Analyzing workplace security



Hazard Prevention and Control

- Engineering controls and workplace adaptation
- Administrative and work practice controls
- Post incident response

Engineering Controls

- Alarm systems and other security devices
- Metal detectors
- Closed-circuit video recording for high-risk areas
- Safe rooms for use during emergencies
- Enclose nurses' station, install deep service counters or bullet-resistant glass in reception area, triage, admitting



Administrative and
Work Practice Controls

- State clearly to patients, clients, and employees that violence will not be tolerated or permitted
- Establish liaison with local police and state prosecutors
- Require employees to report all assaults and threats
- Set up trained response teams to respond to emergencies

Post-Incident Response

Provide comprehensive treatment for victimized employees and employees who may be traumatized by witnessing a workplace violence incident



Post-Incident Response

- Trauma-crisis counseling
- Critical incident stress debriefing
- Employee assistance programs to assist victims

Training and Education



- Ensure that all staff are aware of potential security hazards and ways of protecting themselves

Training and Education

- Employees should understand concept of "Universal Precautions for Violence", i.e., that violence should be expected but can be avoided or mitigated through preparation
- Employees should be instructed to limit physical interventions in workplace altercations unless designated emergency response team or security personnel are available

Training and Education

Training program should involve all employees, including supervisors and managers



Training and Education

- Workplace violence prevention policy
- Risk factors that cause or contribute to assaults
- Early recognition of escalating behavior or warning signs
- Ways to prevent volatile situations
- Standard response action plan for violent situations
- Location and operation of safety devices

Recordkeeping and Evaluation

- Recordkeeping and evaluation of the violence prevention program are necessary to determine overall effectiveness and identify deficiencies or changes that should be made

Recordkeeping



- OSHA Log of Injury and Illness (OSHA 300)
- Medical reports of work injuries assaults
- Incidents of abuse, verbal attacks, or aggressive behavior
- Information on patients with history of violence
- Minutes of safety meetings, records of hazard analyses, and corrective actions
- Records of all training programs

Evaluation

- Establish uniform violence reporting system and regular review of reports
- Review reports of minutes from staff meetings on safety issues
- Analyze trends and rates in illness/injury or fatalities caused by violence
- Measure improvement based on lowering frequency and severity of workplace violence

Sources of Assistance

- OSHA Consultation Program
- OSHA Internet Site www.osha.gov
- NIOSH
- Public Safety Officials
- Trade Associations
- Unions and Insurers
- Human Resource and Employee Assistance Professionals



Cook County Bureau of Health Services

VIOLENCE IN THE WORKPLACE LOG SHEET

DATE	INCIDENT <small>(GIVE BRIEF EXPLANATION)</small>	PHYSICAL <small>(PLEASE CHECK ONE)</small>		RECOMMENDATION / RESOLUTION <small>(GIVE BRIEF SYNOPSIS)</small>	CODE
		PHYSICAL	VERBAL		

VIOLATION CODES:

- A. Vague or Covert Threats**
- B. Verbal Harassment**

- C. Discourteous Conduct**
- D. Making false, malicious or unfounded statements**



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

Know Your Codes



KNOW YOUR EMERGENCY CODES

CODE RED	<p>A fire situation has occurred in a specific area of the hospital</p> <p>Remember: R – Rescue A – Alarm C – Confine E - Extinguish</p>
CODE BLUE	<p>A cardiac arrest has occurred in a location in the hospital. The Code Blue Team will respond. Dial x2-1911.</p>
CODE BLACK	<p>Severe weather is heading toward our location. Specific instructions will be given.</p>
CODE PINK	<p>Infant arrest.</p>
CODE I	<p>Some external event (i.e, plane crash, auto accident) whereby, our emergency room has the potential to receive patients from the current resources we can handle. All staff will immediately report back to their department for assignment. Staff off-duty may be asked to report back to work.</p>
CODE II	<p>Some internal event (i.e, large chemical spill, power outage, floor) has occurred which will cause a disruption of normal services. The Hospital Emergency Response Team will respond and act accordingly. A “Code II” may lead to total building evacuation to designated relocation points (only upon notification).</p>
CODE STRONG	<p>A situation has occurred, in which the personal safety of a staff member, patient or visitor may be jeopardized. Staff members in the area may either push the nearest RED duress button or call Security directly at x2-1270 (Emergency Line). Give your location and the situation.</p> <p>For further information, please refer to your Hospital, Fire, Safety & Disaster Manual and/or the Safety Department at x2-2385.</p>
DR. FALLS	<p>A patient, visitor or employee has fallen in a public area. Activate a Dr. Falls by dialing x2-1911. The operation will announce “Dr. Falls” and the location overhead and the House Physician, Transportation and a nurse will respond immediately.</p>



EMERGENCY CODES

CODE TRIAGE I

EXTERNAL DISASTER

CODE TRIAGE II

INTERNAL DISASTER

ALL CLEAR

**ALL CLEAR FOR ANY EMERGENCY
DEACTIVATION**

CODE BLUE

CARDIAC ARREST (MEDICAL EMERGENCY)

CODE RED

FIRE

CODE ORANGE

HAZARDOUS MATERIAL SPILL

CODE BLACK

SEVERE WEATHER

CODE PINK

INFANT ARREST

CODE GOLD

ESCAPED INMATE

CODE STRONG

SECURITY EMERGENCY

CODE FULL

HOSPITAL BEDS FULL


DR. FALL

VISITOR / EMPLOYEE ASSISTANCE




**COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS**

Reporting Suspected Abuse / Neglect




Understanding Abuse and Neglect

A Collaborative Training Module by the
Provident Hospital Medical, Nursing and Social
Work Staffs



Training Outline

- * Review of definitions and general facts
- * Outline of vulnerable populations
 - Victims of physical assault
 - Victims of sexual assault
 - Victims of domestic abuse
 - Victims of elder abuse and neglect
 - Victims of child abuse, neglect, or sexual molestation
- * Identification, screening and reporting within each vulnerable group
- * Local and national contact and referral information
- * Post-seminar test questions



Learning Objectives

- * At the end of this seminar, each participant should know:
 - The importance of identifying possible victims of abuse and neglect
 - Which groups are most vulnerable
 - What physical or mental signs or symptoms may be present with each vulnerable patient group



Learning Objectives

- * At the end of this seminar, each participant should know:
 - How patients are identified, screened or assessed in the Cook County Health and Hospitals System
 - Which abuse/neglect situations require mandatory reporting
 - How to connect victims with useful resources and support



General Facts

Fact # 1: Hospitals and health care settings may often be the primary opportunity for early identification and prevention of abuse and neglect.

Fact # 2: Often victims of abuse or neglect present to health care settings for reasons other than abuse or neglect. Therefore, the health care organization must be focused on identification, screening and assessing possible victims at every clinical encounter.



General Facts


Fact # 3: The State of Illinois requires mandatory reporting of many suspected cases of victims of abuse and neglect.

Fact # 4: As healthcare providers, we must educate ourselves about abuse and neglect, identify possible victims, and provide safe referrals and resources. These actions result in protecting our patients and our community.

General Treatment Guidelines

- * Questions should be open-ended and nonjudgmental
- * Avoid taking patient histories with possible perpetrator or abuser present
- * Document history and physical exam very carefully using exact words of patient, lots of details, and precise descriptions (including body drawings if needed)

Understanding Child Abuse, Neglect and Sexual Molestation



Definition of Child Abuse & Neglect

- > Child abuse is the mistreatment of a child under the age of 18 by a parent, caretaker, someone living in their home or someone who works with or around children.
- > The mistreatment may cause injury or put the child at risk of physical injury.
- > Child abuse can be physical, sexual, or emotional.
- > Neglect happens when a parent or responsible caretaker fails to provide adequate supervision, food, clothing, shelter or other basics for a child.

Statistics and Facts
about Child Abuse & Neglect

National

- 3 Million reports of child abuse/neglect per year
- 1 Million children found to be victims of abuse/neglect per year
- Over 2,000 deaths, most in children under the age of 5, due to child abuse/neglect year

Illinois

- 100,000 reports to the DCFS hotline with
- 30,000 victims of child abuse identified every year
- The vast majority, almost 80%, of all sexual assault victims are children

Possible Signs of *Child Neglect*

- * Failure to thrive
- * Medical or dental neglect
- * Delay in seeking medical care
- * Emotional neglect or psychological abuse
- * Parental substance abuse or mental health issues



Signs of *Physical Child Abuse*

- * Subdural hematomas,
- * Intra-abdominal injury
- * Fractures- long bones, skull, or vertebrae/rib metaphyseal fractures, especially in children less than 2 years of age*
- * Suspicious burns – immersion or patterned burns
- * Unexplained bruises*(especially in infants*) or skin injuries (any patterned skin lesions in any age child)
- * Bruises and fractures in infants and pre-ambulatory children are always concerning. Bruises on the abdomen or over non-bony parts of any child's body are always concerning.

About Child Sexual Abuse

Sexual Abuse may present as:

- Outcry of sexual abuse
- Witnessed assault
- Behavioral problem
- Ano-genital pain, bleeding or discharge
- STD or Pregnancy

Sexual Abuse includes:

- Intercourse, Fellatio, or Fondling
- Sodomy
- Voyeurism
- Pornography
- Trafficking of minors

Mandated Reporting in Illinois

* In the State of Illinois all healthcare providers including doctors, nurses, social workers, mental health professionals and therapists (OT, PT, LSH) are mandatory reporters of child abuse or neglect. If a mandated reporter suspects a child to be a victim of abuse or neglect they must file a report.


The number to call is: 1-800-25ABUSE (1-800-252-2873)

* Mandated reporters who make good faith reports have immunity from liability under the law. However, a mandated reporter's failure to report suspected instances of child abuse or neglect to DCFS constitutes a Class A misdemeanor and may result in further abuse, neglect or death of the child.

Services Provided by Child Protective Services


- * Assessing the child/family and documenting findings
- * Once consulted, helping the healthcare provider or team make a report to DCFS @ 1-800-252-2873 or 1-800-25-ABUSE
- * Connecting families to local resources and support
- * Providing comprehensive follow up care for children and families where abuse or neglect has been identified or suspected
- * Facilitating trainings to staff on issues related to child abuse and neglect and sexual abuse/assault

Understanding Elder Abuse and Neglect



Facts about Elder Abuse and Neglect

- * In order of prevalence, types of include:
 - Neglect—both caregiver and self-neglect
 - Psychological or Emotional
 - Financial Exploitation
 - Physical
 - Sexual



- * Estimated 2-10% of the elderly are estimated to be victims (depending upon sampling and definitions)*

*Lachs, MS & Pillemer, K, *Lancet*, October 2004

Facts about Elder Abuse and Neglect

- * 1-2 Million US persons 65 years or older have been injured, exploited, or neglected by someone on whom they depended for care or protection.¹
- * Only one out of six cases of abuse, neglect, exploitation, or self-neglect are reported to authorities.²

¹ Elder Mistreatment: Abuse, Neglect, Exploitation in an Aging America 2003, NCEA

² National Elder Abuse Incidence Study, 1996

The Victims and The Abusers

<u>Typical Victims</u>	<u>Typical Abusers</u>
<ul style="list-style-type: none"> * Are usually women over the age of 70 (75%) * Have physical and/or mental impairments * Are usually dependent on abuser for care * Are widowed or divorced * Often live with the abuser and socially isolated 	<ul style="list-style-type: none"> * Mostly male (54%), aged 30's to 40's * Greater than two-thirds are relatives of victim * May be socially isolated, a substance abuser, unemployed, or have a history of violence * May depend on the elder for finances or housing

Identifying Victims of Elder Abuse or Neglect

* *Some physical signs of elder neglect may include:*

- Malnutrition or Dehydration
- Poor hygiene, soiled clothing, unkempt
- Decubitus Ulcers
- Overprotective caregiver
- Clothing does not match weather conditions (usually with self-neglect)

Identifying Victims of Elder Abuse or Neglect

* *Some physical signs of elder abuse may include:*

- Bruises in various stages of healing
- Fractures, welts or burns
- Skin abrasions from restraints
- Injuries not consistent with explanation
- Overprotective or defensive caregiver



Identifying Victims of Elder Abuse or Neglect

* *Some psychological signs of elder abuse or neglect may include:*

- Anxiety
- Depression
- Agitated or fearful
- Suicidal thoughts
- Impaired decision making*

*In any suspected cases, the primary medical team and/or consulting psychiatry service should determine if the possible victim has *medical decision-making capacity* and document.




What to do when you suspect elder abuse or neglect

- * In any suspected cases, the hospital's Department of Social Work should be contacted for further assessment and assistance with any reporting.
- * The Social Worker in the assigned clinical area will:
 - *Coordinate assessment and reporting with the primary team*
 - *Ensure safe placement or housing options for the victim*



When to report Elder Abuse or Neglect


- * *Mandatory reporting of elder abuse or neglect is only required in victims who lack medical decision-making capacity*
- * *Victims with mental capacity will be encouraged by the medical and social work staff to report suspected abuse or neglect*
- * *All reporting is made to the Illinois Department on Aging*




Key Contact Information for Elder Abuse or Neglect


- * Department of Social Work
 - (312) 572-2920 (For Inpatient Referrals)
 - (312) 689-6504 (For Emergency Referrals)

- * Illinois Department on Aging
 - 1-800-252-8966 (General)
 - 1-800-279-0400 (For After-Hours Reporting)
 - 1-800-252-4343 (For Reporting of Nursing Homes)



Understanding Sexual Assault and Rape





Some Facts about . . . Sexual Assault and Rape

- * 1 in 6 women¹ (17.7 million) and 1 in 33 men² (2.78 million) in the US are the victims of attempted or completed rape³

- * Most victims of sexual assault are very young:
 - 15% are less than 12 years old
 - 29% are less than 18 years old
 - 80% are less than 30 years old

¹Violence Against Women Survey, CDC 1998


²USDOJ Natl Crime Victimization Survey 2003

³USDOJ Natl Crime Victimization Survey 2004

**Some Facts about . . .
Sexual Assault and Rape**

- * Victims of sexual assault are more likely to be depressed (3 x more), have post-traumatic stress disorder (6 x more), abuse alcohol (13 x more), abuse drugs (26 x more)¹
- * Perpetrators of sexual assault are only reported in 40% of cases² and only 6% will ever spend time in jail³

¹WHO, 2002
²USDOJ, Rape and Sexual Assault Reporting, 1992-2000
³National Center for Policy Analysis, Crime/Punishment in America, 1999



**Identifying Victims of
Sexual Assault or Rape**

- * Most patients directly report being sexually assaulted or raped and may be brought to hospital by police
- * However, other patients may deny. Some identification signs may include:
 - Suspicious genital or rectal tears
 - Patterned abrasions on neck, elbows or feet

**How to assess and help
Victims of Sexual Assault or Rape**

- * In order to complete appropriate history and physical exam, appropriate consents must be obtained (depending upon age of victim)
- * All suspected cases are reported to the City of Chicago Police Department in accordance with mandatory reporting laws in the State of Illinois

How to assess and help Victims of Sexual Assault or Rape

- * **Physical exam and documentation**
 - State Police Sexual Assault Collection Kit to be used only once Police Report initiated
 - Documentation of all bruises, bite marks, burns and other physical/emotional signs should be noted
- * **Lab Tests***: STDs, HIV, U/A, Pregnancy

*Medications may be given for STDs, pregnancy or HIV exposure (as indicated and desired)

Rape Victims Advocacy (RVA) Team

* On the Provident Hospital campus, a specialized group of counseling experts, known as the **Rape Victim Advocacy Team** (or *RVA*) are available for any suspected cases of sexual assault or rape.

They provide:

- Immediate protection for the victim
- Local resources and support to victims and families
- Immediate and ongoing legal and counseling services

Key Contact Information for Sexual Assault and Rape

- * **Rape Victims Advocacy (RVA) Service**
 - (773) 907-1062 (24 hour On-Call Service)
- * **Chicago Rape Crisis Line:**
 - 1-888-293-2080

Understanding Domestic Abuse and Intimate Partner Violence



Some Facts about . . . Domestic Abuse or Violence

- * Intimate partner abuse results in 2 million injuries to women and 600,000 injuries to men each year in the United States
- * In 70-80% of intimate partner homicides, the female victim was physically abused before the murder.

(Assessing Risk Factors for IPH NIJ Journal, 2003)
(CDC, *Morbidity and Mortality Weekly Report*, 2008)

Some Facts about . . . Domestic Abuse or Violence

- 15.5 million children in the United States live in families in which partner violence occurred at least once in the past year, and 7 million children live in families in which severe partner violence occurred.

(Journal of Interpersonal Violence 2003)





Identifying Victims of Domestic Abuse or Violence

- * Many patients are too ashamed or afraid to disclose the abuse they experience but will disclose it if the provider initiates the conversation in a sensitive non-judgmental manner.
- * In four different studies of survivors of abuse, 70 percent to 81 percent of the patients studied reported that they would like their healthcare providers to ask them privately about Intimate Partner Violence.

(*Inside Pandora's Box: Abused Women's Experiences with Clinicians and Health Services*)



How to Ask about Domestic Violence

Begin with framing statements like:

- * Because domestic violence is a major health problem, I've begun asking all my patients about it.
- * Because violence is so common, our policy is to ask everyone a few questions about abuse....
- * Many of my patients report not feeling safe at home, so I now ask about it routinely....



How to Ask about Domestic Violence

Sample Questions

- * "Has your partner or family member ever hit, kicked or slapped you or hurt you in any other way?"
- * "Has your partner ever forced you to have sex against your will?"
- * "Are you afraid of your partner or afraid to go home?"



How to assess and help Victims of Domestic Abuse & Violence

- * Although the State of Illinois does not mandate reporting, suspected victims should be encouraged to report to the City of Chicago Police Department.
- * Understand that it should be the patient's choice; calling the police does not work for all victims.



Hospital Crisis Intervention Project (HCIP) Service

- * On the Provident Hospital campus, a specialized group of counseling experts, known as the *Hospital Crisis Intervention Project (or HCIP)* is available for suspected cases of domestic abuse.
- * They help provide:
 - An immediate safety assessment for the victim
 - Local resources and support for victims
 - Immediate and ongoing legal and counseling services
 - Individual and family safety plans



Key Contact Information for Sexual Assault and Rape

- * City of Chicago & Statewide DV 24 Hour Helpline
 - 1-877-863-6338
- * Hospital Crisis Intervention (HCIP) Service
 - (312) 864-1095 (Office Number)



Final Words about Abuse and Neglect

- * *Ask* or screen for victims of trauma, abuse, or neglect
- * *Document* history and physical carefully
- * *Report* suspected cases to hospital and to required external agencies (DCFS, Police, Council on Aging)
- * *Support* victims through on-site resources and community linkages to comfort the victim now and help protect them in the future!!



Abuse & Neglect Contact Numbers

Child Abuse

IL DCFS: 1.800.252.2873

Elder Abuse

Inpatient Social Work: 1.312.572.2920

On-Call: 1.312.689-6504

IL Dept of Aging: 1.800.252.8966 or

1.800.279.0400 (after hours)

1.800.252.4343 (for reporting of Nursing Homes)

Sexual Assault / Rape:

Rape Crisis Center: 1.888.293.2080

Domestic Violence:

City of Chicago & Statewide

Domestic Violence 24 Hour Helpline: 1.877.863.6338

Hospital Crisis Intervention (HCIP) Service

1.312.864.1095 (Office)



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

Corporate Compliance

HIPAA

CORPORATE COMPLIANCE PROGRAM

The **primary mission** of the Corporate Compliance Program is to uphold the mission, vision, and core goals of Cook County Health & Hospitals System (CCHHS) by establishing and supporting a system-wide culture of honesty and respect to guide everyone's actions by

- Developing standards
- Increasing awareness
- Promoting honest behavior and professional responsibility

through education, awareness, and shared accountability that promotes compliance with applicable laws, regulations, and system policies.

.....

Our vision is to ensure safeguards are in place for our patients, our staff, and the public at large. The Corporate Compliance Program will be a resource to everyone affiliated¹ with Cook County Health & Hospitals System.

¹ For the purposes of this statement, "affiliated" is defined as all employees, medical staff, house staff, Board members, volunteers, students, patients, partners, consultants, agency personnel, and vendors.

We accomplish our mission and vision through education, both formal and informal, that addresses a myriad of legal and regulatory requirements applicable in the health care setting.

Some of the areas that fall into the Corporate Compliance scope include:



- Accurate Books and Records
- Anti-kickback
- Conflict of Interest
- Emergency Medical Treatment and Labor Act (EMTALA)
- False Claims
- Health Care Fraud and Abuse
- Marketing and Purchasing
- Patient Privacy, Confidentiality, and Security (HIPAA)
- Political Activity (including Shakman Compliance)
- Research
- Theft

Remember

Compliance is everyone's responsibility.

Together we are responsible for doing the right thing because it's the right thing to do!
(even when no one's looking)



Compliance is about honesty

Honesty in dealing with

- our patients,
- the public, and
- the government.

It includes honesty

in the way we do our work
day in and day out.

Compliance is about respect

- for our patients, their families and significant others, and for patients' rights to make informed decisions about their care.
- for privacy, confidentiality, and security of information about patients, colleagues and visitors.
- for our co-workers and other members of the Cook County Health & Hospitals System, whether they are directly involved in patient care or not - for example in administrative, support areas, education or research.

Compliance is about following the rules

The rules are found in our

- policies and procedures and
- in laws and regulations

It's about knowing your limits and asking questions if you don't know the answer.

Compliance is about

Us collectively, as a health care organization
and
it's about You individually.

We have a responsibility as individuals and collectively to behave honestly with professional responsibility.

Everyday we make many decisions. Each decision has an impact.
The Compliance Program is your resource; we can help guide you in your decision-making.

Compliance Program Hot Line:	1-866-489-4949 24/7 availability
Compliance Program E-mail:	compliance@ccbhs.org
Compliance Program Phone:	312-864-7336
Compliance Program Fax:	312-864-9825
Chief Compliance Officer:	Cathy Bodnar MS, RN,CHC
Location:	1900 West Polk (Admin Bldg) Suite 123

COOK COUNTY HEALTH & HOSPITALS SYSTEM

● HIPAA AWARENESS ●

....doing the right thing...because it's the right thing to do!

Health Insurance Portability and Accountability Act of 1996, or HIPAA, is a federal law about the privacy, confidentiality and electronic security of protected health information (also known as PHI).

HIPAA has of two parts:

The Privacy Rule applies to Protected Health Information (PHI) in any form – written, stored electronically, and spoken in conversation.

The Security Rule covers PHI that is electronically stored or transmitted.

As health care workers, it is our responsibility & duty to protect our patient's PHI.

You have an obligation to follow the rules, which include CCHHS policies and procedures in addition to the laws and regulations.

- Try to keep conversations on patient information to a private place so PHI cannot be overheard;
- You **must** always ask the patient if it is okay to discuss their health information with others present;
- Always protect PHI on computers by signing off when you are finished working;
- Use the minimal amount of PHI in electronic communications and only to people with a “need to know”;
- Be sure to double check phone numbers when you’re faxing PHI or addresses when you’re mailing PHI;
- Properly dispose of material containing PHI – not in public receptacles;
- Don’t look up information about your family or your friends, other employees, people in the public eye, or your own information either.
- Don’t look up patient information for research purposes without IRB approval;
- Don’t share passwords or personal access codes that would permit access to confidential patient information.

Remember, it is not only your duty & responsibility to protect our patients PHI, it is the law!



Compliance Hot Line
1-866-489-4949

Employees: compliance@ccbhs.org
Patients: privacy@ccbhs.org

Cathy Bodnar
Chief Compliance Officer



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

Information Systems Security



Provident Hospital of Cook County

INFORMATION SECURITY RULES OF THE ROAD

GENERAL STATEMENT

The Cook County Health and Hospitals System (CCHHS) intentions for publishing these rules are not to impose restrictions that are contrary to our established culture of openness, trust, and integrity. CCHHS is committed to protecting the public, our employees, partners, and CCHHS itself from illegal or damaging actions by individuals, either knowingly or unknowingly. The 21st century environment of connected technologies offers many opportunities for malicious or unknowing people from all over the world to anonymously attack, damage, and corrupt vital information and to disrupt our ability to communicate effectively and accomplish the mission of this hospital. Effective security is a responsibility and a team effort involving the participation and support of every employee who deals with information and/or information systems. It is the responsibility of every employee to know, understand, and adhere to security policies, procedures, standards, and rules and to conduct their activities accordingly. These rules shall be used to provide guidance and protection to CCHHS employees and to safeguard the information resources our patients entrusted to us.

THE INFORMATION SECURITY OFFICER STATEMENT

Based on the International Organization for Standardization (ISO) 17799:2000 Standards for Information Security, these standards and rules were created to be clear, concise, and easy to understand. It is also important that standards and rules do more than dictate another layer of rules and regulations that we all must follow. They must be educational and speak to the most important aspects of our existence, which are the public good and our employees. Thank you in advance for your support as we do our best to create a secure environment and fulfill our mission.

1. ACCEPTABLE USE OF INFORMATION RESOURCES

These rules are in place to protect the public, our employees, and CCHHS. Inappropriate use of our information resources exposes CCHHS to risks, including virus attacks, compromise of network systems and services, and legal issues. CCHHS resources are made available to employees to conduct official business, and not to be used to conduct personal business, business related to outside employment, or for personal benefit. Employees are advised that there should be no expectation of privacy when using any CCHHS information resources. To ensure safety and security:

- Users must not share their user account(s), passwords, Security Tokens (i.e., Smartcard), or similar information or devices used for identification and authorization purposes.
- Users must not attempt to access any data or programs contained on CCHHS systems for which they do not have authorization or explicit consent.
- If an employee is sent, delivered, or inadvertently accesses inappropriate or prohibited material, or the material contains confidential information that the

employee does not have “need-to-know” access to, or authority to receive; the employee is required to immediately secure the material from view and notify his/her supervisor.

- Users must not make unauthorized copies of copyrighted software.
- Users must not install or use nonstandard software, shareware, or freeware software, including games.
- Users must not attempt to circumvent approved antivirus software or make any changes to accepted configuration of antivirus software.
- Users must not download, install, or run security programs or utilities that reveal or exploit weaknesses in the security of a system.
- Users must report any weaknesses in CCHHS computer security, any incidents of possible misuse, or violation of this agreement to the information security officer at 312-864-HELP.

2. INTERNET USE

In addition to being an excellent resource for information, and a revolutionary way to communicate with the world, the Internet is a rapidly changing and volatile place that can accurately be referred to as “The Wild West.” The following rules are intended to provide guidance and protection while still making available this useful business tool to CCHHS employees. The following rules apply when using the Internet:

- All software used to access the Internet must be part of CCHHS standard software suite. This software must incorporate all vendor-provided security patches.
- Software for browsing the Internet is provided to authorized users for business and research use only, except where otherwise noted in the incidental use section.
- Users must not download or install any software from the Internet without authorization of the Information Systems department.
- Non-business-related purchases or sales made over the Internet are prohibited.
- All user activity on the Internet is subject to logging and review.

3. EMAIL USE

E-mail use has become the standard method of communication. Email is inherently insecure and messages can easily be intercepted, read, or changed. Additionally, email is the number one doorway to viruses and worms that infect and destroy valuable information. E-mail is subject to the following rules:

The following activities are prohibited as they conflict with CCHHS Code of Ethics:

- Sending e-mail that is intimidating or harassing.
- Using e-mail for purposes of political lobbying or campaigning.
- Violating copyright laws by inappropriately distributing protected works.
- Posing as anyone other than oneself when sending or receiving e-mail.

- The following activities are prohibited because they impede the functioning of network communications and the efficient operations of our email system:
- Sending or forwarding chain letters.
- Sending unsolicited messages to large groups except as required to conduct hospital business.
- Sending excessively large messages.
- Sending or forwarding e-mail that is likely to contain computer viruses.
- Email users must not give the impression that they are representing, giving opinions, or otherwise making statements on behalf of CCHHS.
- Individuals must not send, forward, or receive confidential or sensitive CCHHS information through non CCHHS email accounts. Examples of non CCHHS e-mail accounts include, but are not limited to, consumer oriented products like Hotmail, Yahoo mail, AOL mail, and email services provided by other Internet Service Providers (ISPs). Users of these products should not use nor expect support for these products on CCHHS networks.
- Individuals must not send, forward, receive, or store confidential or sensitive CCHHS information utilizing non CCHHS accredited mobile devices. Examples of mobile devices include, but are not limited to, Personal Data Assistants (PDA), two-way pagers, and cellular telephones.
- Email messages and Internet sites accessed are not private but are property of CCHHS. CCHHS may print and review e-mail messages and Internet sites accessed by an employee's system.
- Report suspicious emails to the Information Systems department. ***Do not open them.***

4. INCIDENTAL USE OF INFORMATION RESOURCES

As a convenience to CCHHS user community, incidental use of information resources is permitted. Only brief and occasional use is considered to be incidental. The following rules on incidental use apply:

- Incidental personal use of email, Internet access, fax machines, printers, copiers, and so on, is restricted to CCHHS approved users; it does not extend to family members or other acquaintances.
- Incidental use must not result in direct costs to CCHHS.
- Incidental use must not interfere with the normal performance of an employee's work duties.
- Incidental use of CCHHS information resources must not involve solicitation in any form, must not be associated with any outside business or employment activity, and must not potentially embarrass or offend CCHHS.
- Storage of personal email messages, voice messages, files, and documents within CCHHS information resources must be nominal.
- All messages, files, and documents – including personal messages, files, and documents – located on CCHHS information resources are owned by CCHHS, may be subject to open records requests, and may be accessed in accordance with this statement.

5. PASSWORD

All of the work being conducted at CCHHS to secure confidential information will be ineffective if the most important aspect of information security, the daily users of our information resources, share passwords that access critical, confidential, or sensitive information. Think of passwords as a "shared secret" between you and CCHHS information resources. The following rules apply to password use:

- All passwords, including initial passwords, must be constructed and implemented according to CCHHS accepted and approved standards.
- User account passwords must not be divulged to anyone at any time or for any reason.
- If passwords are forgotten or disclosed or if the security of a password is in doubt, the password must be changed immediately by contacting the Help Desk at 312-864-HELP.
- Administrators must not circumvent the password guideline for the sake of ease of use.
- Whenever possible, users must not circumvent password entry with auto logon, application remembering, embedded scripts, or hardcoded passwords in client software.
- Computing devices must not be left unattended without enabling a password protected screensaver, locking the workstation, or completely logging off of the device.
- If passwords are found or discovered on documents of any kind, the following steps must be taken:
 - Take possession of the passwords and protect them.
 - Report the discovery to the Help Desk.
 - Transfer the passwords to an authorized person as directed by the Help Desk.

6. PORTABLE COMPUTING

Laptop computers, PDAs, and other portable computing devices are a great convenience and are becoming more and more a part of doing business. They also come with many risks, including ease of theft, operation in unsecured environments, and easily intercepted wireless communications. To protect our valuable information, users of portable computing devices must follow these rules of use:

- Only CCHHS approved portable computing devices may be used to access CCHHS information resources.
- Portable computing devices must be password-protected.
- CCHHS data should not be stored on portable computing devices.
- However, if there is no alternative to local storage, all sensitive CCHHS data must be encrypted using approved encryption techniques.
- CCHHS data must not be transmitted via wireless to or from a portable computing device unless approved wireless transmission protocols along with approved encryption techniques are utilized.
- All computer systems accessing CCHHS resources from an external location must conform to CCHHS standards for configuration and connectivity.

- Unattended portable computing devices must be physically secure. This means they must be locked in an office, locked in a desk draw or filing cabinet, or attached to a desk or cabinet via a cable lock system.
- Personal devices not owned by the hospital (PDA's, laptops) are not allowed to be connected to the CCHHS network or connected to CCHHS computers.
- Use of portable storage devices (thumb drives, flash drives) must be authorized by the Information Security Officer.

7. STANDARD DEFINITIONS

Ownership of Information

All documents generated as a result of a CCHHS business activity stored anywhere on or off CCHHS premises; and electronic files created, sent, received, or stored on information resources owned, leased, administered, or otherwise under the custody and control of the CCHHS are the property of CCHHS.

Privacy

Electronic files created, sent, received, or stored on information resources owned, leased, administered, or otherwise under the custody and control of CCHHS are not to be considered private.

Information Resources

Any and all computer printouts, online display devices, magnetic storage media, and all computer-related activities involving any device capable of receiving e-mail, browsing Web sites, or otherwise capable of receiving, storing, managing, or transmitting electronic data including, but not limited to, mainframes, servers, personal computers, notebook computers, handheld computers, personal digital assistants (PDAs) pagers, distributed processing systems, telecommunication resources including cell phones and voicemail systems, network environments, telephones, fax machines, printers, and service bureaus. Additionally, it includes the procedures, equipment, facilities, software, and data that are designed, built, operated, and maintained to create, collect, record, process, store, retrieve, display, and transmit information.

Incidental Use

The use of CCHHS information resources for personal use must be infrequent and use only a small amount of an employee's personal time either inside or outside the regular workday. Occasional use of CCHHS information resources during an employee's 15-minute break would be considered incidental. Only brief and occasional use is considered to be incidental. Solicitations of any kind are not permitted.

Portable Computing Devices

Portable computing devices include any easily portable device capable of receiving and/or transmitting data to and from wireless devices. These include, but are not limited to, notebook computers, handheld computers, PDAs, pagers, and cell phones.



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

**Environment of Care /
Life Safety /
Emergency Management**

Environment of Care/ Life Safety/ Emergency Management



Overview

- ❑ The focus of the Environment of Care (EC) is to promote a safe, functional and supportive environment within the hospital so that quality and safety are preserved.
- ❑ EC stresses the importance of managing risks. These are different from risks associated with provision of care, treatment and services.

It is important that you familiarize yourself with your respective facility's EC Program

Environment of Care/ Life Safety/Emergency Management

- Prior to 2009, EC standards included Life Safety and Emergency Management
- In January 2009, the Joint Commission separated EC into 3 individual standards:
 - Environment of Care
 - Life Safety
 - Emergency Management

This separation was made to emphasize the importance of each component.

Risks in the Environment of Care

- **Safety** - Trip hazards that lead to a fall
- **Security** - Smoking, property damage/loss
- **Fire** - Improper storage of materials, smoking
- **Hazardous Materials and Waste** - Spills, exposure/contact
- **Medical Equipment** - Equipment failure
- **Utility Systems** - System failure or disruption
- **Emergencies/Disasters** - Medical surge, Tornadoes

Safety Management

- The purpose of Safety Management is to reduce the Risk of Injury to:
 - Patients
 - Visitors
 - Staff
- via a plan that includes processes designed to minimize the risk of harm by education; implementation of safety procedures and practices that eliminate as far as practical, recognized hazards to patients, visitors and staff.

Safety Management (*cont'd*)

- Report any safety incident / injury to your Supervisor and your Facility's Safety Officer / Security
- Complete the appropriate forms and / or reports as instructed by your Supervisor
- Safety is everyone's responsibility

Safety Risk Assessment Program

- Risk Assessment is an important step in protecting patients, employees and visitors. It focuses on risks that are or can be prevalent in our facility.

A 5-Step Program has been developed:

- Step 1 - Identify the Hazards
Spot hazards by:
 - Walking around the workplace
 - Asking staff what they believe are hazards
 - Checking manufacturer instructions

Safety Risk Assessment Steps (cont'd)

- Step 1 (cont'd)
When thinking about risk assessment, remember:
A HAZARD is anything that may cause harm, such as chemicals, electricity, boxes on the floor, etc.
- Step 2 - Decide who might be harmed and how
Identify groups of people:
 - Full-time staff
 - Patients
 - Part time or people unfamiliar with risks
 - Visitors

Safety Risk Assessment Steps (cont'd)

- Step 3 - Evaluate the risks and decide on the precautions.

List what is already in place to reduce the likelihood of harm or make any harm less serious

- Step 4 - Record your findings and implement them

Reduce risks by comparing what you are doing with good practice.

Safety Risk Assessment Steps (cont'd)

- Step 5 - Review your assessment and update if necessary
 - Prioritize. Address "high" risks first
 - Document actions completed and by whom

Emergency Management

- The purpose of the Emergency Management Program is to assure appropriate responses for emergencies which may disrupt the continuum of normal patient care services.
- Emergencies/Disasters can include:
 - Power failures
 - Floods
 - Water and fuel shortages
 - Extreme weather conditions
 - Bio-terrorism attacks

Emergency Management (cont'd)

- Classification of Disasters:
 - **Internal** - Emergencies that originate inside the facility or on the hospital campus (fire/explosion, electrical power outage, phone outage, paging outage, loss of water, chemical spills, flooding, fumes/odors, severe weather, medical gas system failures, infant abduction and pneumatic tube system outages, etc.)
 - **External** - Emergencies that originate outside of the hospital (earthquakes, tornadoes, industrial accidents, building collapses, transportation accidents, terrorist incidents, mass casualties, etc.)

Drills test our level of responsiveness to Emergencies/Disasters

Emergency Management (cont'd)

□ **Four Phases of EM**

- Mitigation (prevention)
- Preparedness
- Response
- Recovery

CCHHS identifies hazards threats and adverse events and assesses their impact patients, visitors and staff.

Life Safety

- The purpose of the Life Safety Management Program is to protect building occupants from fire by performing adequate procedures and training staff in appropriate handling of fires.
- Smoking is prohibited in or on any CCHHS facility.

Infractions of the policy will result in progressive disciplinary action up to and including termination of employment.

Life / Fire Safety

- **FIRE** - When you see fire or smoke, announce Code Red and implement the Fire Plan (**RACE**)



R - Remove/rescue anyone in danger, then close the door to the fire room



A - Activate/pull the Fire Alarm

C - Confine/contain fire by closing all the doors

E - Extinguish the fire if you can do it safely



Life / Fire Safety (cont'd)

Steps for using the fire extinguishers (**PASS**)

P - Pull the pin

A - Aim the hose/nozzle at the fire

S - Squeeze the trigger/handle

S - Sweep the extinguisher at the base of the fire



CLASSES OF FIRES	TYPES OF FIRES	PICTURE SYMBOL
A	Wood, paper, cloth, trash & other ordinary materials.	
B	Gasoline, oil, paint and other flammable liquids.	
C	May be used on fires involving live electrical equipment without danger to the operator.	
D	Combustible metals and combustible metal alloys.	
K	Cooking media (Vegetable or Animal Oils and Fats)	

Life / Fire Safety (cont'd)

- You should **always remember:**

When evacuating, remember to go horizontally first through fire/smoke doors in the corridors and down stairways.

Never use the elevators during a fire. Stairways provide protection against flames.

Meet in your department's designated meeting location.

Interim Life Safety Measures (ILSM)

- Interim Life Safety is a measure taken by the hospital to provide a level of protection that meets or exceeds the level of protection that was provided by the structure or system before it was altered.

Example:

Construction needs to be done in your work area that compromises your ability to exit the area safely. Staff are trained appropriate ways to exit the area safely.



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

Medical and Clinical Equipment

MEDICAL / CLINICAL EQUIPMENT



Overview

- The purpose of the Medical / Clinical Equipment Management Program is to promote patient care by optimizing the safety, performance, efficiency and cost-effectiveness of diagnostic, therapeutic, monitoring and supportive equipment that is used in the facility.

Types of Equipment

- **Hospital owned or leased High-Risk Patient Care Equipment**
 - All powered equipment used in the diagnosis, treatment, and monitoring of patients.
 - Does not include simple laboratory or patient care beds.
- **Privately owned Patient Care Equipment**
 - High risk patient care equipment used by physicians' or technical staff and owned by the staff such as physicians' hand tools.
- **Patient Care Communication Systems**
 - Nurse Call Systems.
 - Not included in this classification are telephones, general hospital paging devices or overhead paging devices.

Types of Equipment (cont'd)

- **High-Risk Non-Patient Care Equipment**
 - Non-Patient Care Equipment such as dietary/kitchen equipment, environmental services equipment, central sterile supply equipment, laboratory equipment, and physical plant mechanical equipment is designated as high risk due to the electrical power supply, critical monitoring or calibration.
- **Personally Owned Non-Patient Care Electrical Devices (Patient or staff owned electrically powered devices such as radios, televisions, coffee pots, microwave ovens etc.)**
 - Non-patient care personally owned equipment will only be tested for electrical safety upon request.
 - No privately owned television sets may be used.
 - VCR/DVD cannot be hooked into the hospital television system.

Types of Equipment (cont'd)

- **Low-Risk Equipment**
 - **Low-Risk Non-Patient Equipment**
 - Television sets, powered hand tools, floor maintenance or food preparation equipment, water fountains, window air-conditioning units etc.
 - **Low-Risk Patient Care Equipment**
 - Simple laboratory equipment, sphygmomanometers, cycle therapy pumps, wheelchairs and stretchers, view boxes etc.
 - **Typical Office Equipment**
 - Typewriters, computers, equipment typically found in an office environment.

Types of Equipment (cont'd)

- Electrically operated equipment will be subject to an incoming inspection by Skilled Trades, Electrical Equipment Control.



- Skilled Trades Department and Central Sterile Supply maintain an equipment inventory listing and equipment history of each item in the Equipment Management Program.
- Skilled Trades Departments performs scheduled maintenance for all hospital owned high-risk patient care equipment, despite ownership.

Equipment Maintenance

- Scheduled maintenance for leased or rented equipment may be performed by Skilled Trades or the owner.
- Scheduled maintenance for owned or leased equipment includes:
 - Inspection
 - Preventive and corrective maintenance
 - Functional testing
 - Performance testing and calibration
 - Safety testing
- When it has been determined that a device is broken, nonfunctional and/or that any safety mechanism is not operating properly the equipment is taken "out of service" and tagged appropriately



Retirement of Equipment

- Equipment will be retired from service for one or more of the following reasons:
 - No longer permits the hospital to provide an appropriate standard of care because:
 - It employs an obsolete modality
 - Does not meet commonly accepted criteria
 - Is not used in current practice
 - Presents undue risk to patient or personnel
 - It breaks down frequently or is expensive to maintain
 - Repair parts or services are no longer available
 - Newer equipment is more cost effective
 - Its function is included in a piece of multifunction equipment that is being purchased
 - The equipment no longer supports the hospital's scope of services

Equipment Responsibilities

- Department Heads:
 - Ensure all patient care and non-patient care equipment is appropriate to the scope of the department/hospital's service
 - Ensure all patient care and non-patient care equipment is included in the equipment management program
 - Will maintain inventory/listing and equipment history for each item
 - Will ensure that patient care equipment is visually inspected before each use and skills trades is notified whenever an item is in need of repair and tagged appropriately
 - Will ensure any equipment purchased, leased or rented is inspected and tagged by the Physical Plant Skilled Trades Department before initial use of the equipment.
 - Will provide training for all departmental or unit personnel in equipment operation, safety, hazard recognition, prevention and problem reporting.
 - Will notify Electrical Equipment Control of new patient care equipment
 - Will request retirement of equipment as needed.

Equipment Responsibilities *(cont'd)*

- **Central Sterile Supply:**
 - Maintains and inventory of all patient care equipment assigned to Nursing Department.
 - Will ensure equipment is inspected at least annually.
- **Equipment Operator/User:**
 - Will visually inspect all equipment for frayed cords, loose or broken plugs, or obvious visible damage before each use.
 - Ensure that the equipment in use performs as expected.
 - Reports problems immediately to supervisor and ensures equipment is immediately tagged and taken out of service.

Equipment Responsibilities *(cont'd)*

- **Skilled Trades:**
 - Will document and perform initial safety inspections and make evaluations on all equipment.
 - Will perform scheduled maintenance.
 - Will conduct periodic "equipment rounds" on clinical units and nursing units.
- **Equipment Operator/User:**
 - Will visually inspect all equipment for frayed cords, loose or broken plugs, or obvious visible damage before each use.
 - Ensure that the equipment in use performs as expected.
 - Reports problems immediately to supervisor and ensures equipment is immediately tagged and taken out of service.



**COOK COUNTY HEALTH
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CCHHS

Hazardous Materials & Waste Management

Hazardous Materials & Waste Management



Overview

- The purpose of the Hazardous Materials and Waste Management Program is to identify and manage materials known to have the potential to harm humans or the environment



Definitions of Hazardous Materials

Substances



Ignitable



Corrosive

Characteristics

- Catches fire easily
- Examples:
 - Xylene - Benzene
 - Acetone - Methanol

- Can burn the eyes on contact or corrode standard containers
- Examples:
 - Sodium Hydroxide - Sulfuric Acid
 - Hydrochloric Acid

Definitions of Hazardous Materials (cont'd)

Substances



Reactive



Toxic

Characteristics

- Can catch fire, explode or give off dangerous fumes
- Examples:
 - Formaldehyde - Hydrogen Peroxide
 - Sodium Azide - Perchloric Acid

- Poisonous chemicals that can be accidentally inhaled, swallowed or absorbed through the skin
- Examples:
 - Sodium Hydroxide - Sulfuric Acid
 - Hydrochloric Acid

Definitions of Hazardous Materials (cont'd)

- **BE CAREFUL!** The proper handling of materials requires safety. However, if handled carelessly, they can cause immediate, long-term, or potentially FATAL problems.

ACUTE Effects: May appear quickly and severely ... drinking poison

CHRONIC Effects: Appear after long-term exposure ... smoking cigarettes

FATAL Effects: Obviously appear if there is no cure

- There are three (3) usual routes of exposure:

Skin & Eye Contact: These can produce irritation, allergy symptoms, rashes or contact dermatitis. They can also lead to temporary or permanent blindness.

Inhalation: This can cause dizziness, nausea or headache. It can also lead to permanent harm to nose, throat and lungs.

Swallowing: This can damage the stomach, liver or other organs.



Needle Safety

Needle Handling Safety is a sensitive topic. It is easy to think "It won't happen to me" or "It won't matter if I just put the needle down where others can see it. They won't get stuck." But the evidence is in. Needle sticks are the most common accident in the health care setting. They can cause pain, emotional distress, and in some cases, deadly diseases.

Improper disposal of needles endangers yourself and others, and can result in costly fines to the Hospital and even refusal to process general waste. Take the time to learn and follow the proper procedures. You will be protecting your own health and safety and the well-being of your patients, co-workers, as well as the institution as a whole.

Safe Handling Procedures

- ❑ Ensure you place Sharps in the appropriate container



- ❑ Do not recap or manipulate used needles



- ❑ Never leave exposed needles on the IV pole

Safe Handling Procedures (cont'd)

- ❑ Ask for assistance before attempting to give an injection or draw blood from a frightened or uncooperative patient



Hazardous Materials & Waste Management

❑ Discard waste into proper containers:

Red-Infectious waste

Hard plastic - sharps

Beige - normal waste

Yellow or gray - chemotherapy waste

Right to Know Law

You have a right to information about products you handle which can cause harm. Contact your supervisor for more information.



Hazardous Materials & Waste Management (cont'd)

❑ Material Safety Data Sheet (MSDS) contains:

- Identifies product and provides chemical name
- Physical and chemical characteristics of all hazardous components
- Signs and symptoms of physical and health hazards
- Information and precautions regarding spills, exposure, safe handling and clean up
- Emergency first aid measures in case of exposure
- Employees should always use assigned and appropriate Personal Protective Equipment (PPE) as required and as recommended by your supervisor



Precautions ~ Do's

□ DO ...

- Remove objects that could explode, burn or reach with **anything** nearby
- Remove food and drinks from the work area
- Know the location of emergency showers and eye wash stations
- Make sure that the correct type of safety equipment is nearby, filled and ready for use



Precautions ~ Do's (cont'd)

□ DO ...

- Check for adequate ventilation
- Know who to contact and what to do in an emergency
RACE ... PASS ... dial x2-1911
- Follow safety rules
- Keep your work area clean
- Take safety training seriously



Precautions ~ Do's

□ DON'T ...

- Leave container open when not in use
- Depend on a "strange smell" to detect gases in the air. Remember, Carbon Monoxide is odorless ... but it can kill.
- Pour water into acid; rather, add acid to water.
- Mix a chemical with another substance. Even water may not be safe.



Precautions ~ Don'ts (cont'd)

□ DON'T

- Smoke, eat or drink around hazardous substances



- Store materials next to each other without checking the MSDS for possible reactions



Protect Yourself From Exposure

- ❑ Follow safety instructions for handling and transporting hazardous materials
- ❑ If you have cleaning responsibilities, wear protective clothing and gloves
- ❑ Use protective devices properly
- ❑ Wash promptly after working with potential skin irritants.



Utility Systems Management

The Utility Systems Management Program identifies and manages the risks associated with the operation of utility systems and assures operational reliability, risk assessment and response to failures of the following utility systems/equipment:

- | | |
|---|--|
| ❑ Water distribution | ❑ Medical gases |
| ❑ Electrical distribution | ❑ Medical and surgical vacuum systems |
| ❑ Emergency power | ❑ Communication systems |
| ❑ Elevators | ❑ Data exchange |
| ❑ Heating, ventilating and air-conditioning | ❑ Automatic fire prevention and alarm system |
| ❑ Boiler and steam systems | ❑ Plumbing |



CODE ORANGE

Hazardous Material Casualty Response Plan – Awareness Level Training Provident Hospital of Cook County

Purpose

- To identify and care for patients who may be contaminated with chemical, biological or radiological material while preventing contamination of the facility and health care workers.

Persons affected

- All employees, members of the medical staff, volunteers and agency personnel.

Plan Activation

- Any situation in which one or more patients present to the Emergency Department or other entrance of the hospital with a known or suspected contamination from chemical, biological, radioactive or unknown agent (hazardous material).
- If a hazardous material event is expected to result in a large influx of patients the External Disaster Plan is initiated and HEICS (Hospital Emergency Incident Command System) is followed.

Individual response

- Any Hospital staff member who identifies a patient with known or suspected hazardous material exposure:
 - 1) Without touching the patient, escort them to the nearest exit keeping 5-6 feet between you and the patient (s)
 - 2) Stay upwind of the contaminated patient (s)
 - 3) Direct them to the ambulance bay area
 - 4) Instruct patient (s) to stay outside until the triage nurse arrives
 - 5) Notify the Emergency Department triage nurse of the situation

Decontamination Team Response


- The Code Orange HAZMAT Team Members report to the ED for briefing and assignments.
- All personal protective equipment is stored in Room 1006A (Disaster preparedness room across from Emergency Department).
- Decontamination shower and clean up equipment is kept in the landscaping storage area in the ambulance bay area.
- To maintain the integrity and responsiveness of the hospital no contaminated patient is allowed to enter the hospital prior to complete decontamination.
- 80% of all contaminated material from chemical or radiological exposure is removed when the patients clothing is removed.
- If you are not a trained member of the Code Orange Decontamination Team, do not come to the Emergency Department and avoid the ambulance bay area.



**COOK COUNTY HEALTH
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Radiation Safety

RADIATION SAFETY



**COOK COUNTY HEALTH
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Basic Concepts of Radiation

Whether you work with radiation or not, you are exposed to very small amounts of radiation that occurs naturally in the environment.

Everyday the public receives radiation when using a microwave oven, watching TV and even flying in an airplane.

What is Radiation

Radiation is energy in the form of waves (beams) or particles that are invisible, have no weight or odor.
The term radiation covers many things, but they are not all the same.

There are different forms for Radiation:

- The microwaves in your microwave oven
- How cell phones work;
- Getting a tan in a tanning salon;
- Having a chest x-ray; or
- Nuclear power plants.

Types of Radiation

There are several types of radiation:

Cosmic:	occurring in the surrounding atmosphere of the earth.
Terrestrial:	occurring in our environment and soil.
Man-made:	radiation used in health care.

As health care workers it is essential that you are familiar with the basic concepts of radiation and radiation safety.

The hospital is licensed for the medical use of man-made radiation in imaging studies.

All employees working in the Radiology Department are trained in the proper use of radiation and have the appropriate credentials to perform their duties.

Principles of Radiation Safety

■ Three Principles of Radiation Safety

1. **Distance:** the greater the distance between you and the source of the radiation (ex. Portable x-ray bedside, or assisting the radiology technologist with a patient during a x-ray procedure), the lesser radiation exposure you will receive.

A good rule of thumb would be to maintain a distance of at least 6 feet. This does not mean to ignore the patient needs if your assistance is required, this just means don't stand right next to the patient for a imaging exam if at all possible. If you must stand near the patient, you must have on a lead apron.

2. **Time:** the shorter the time spent in the vicinity of a patient having an imaging exam, the lesser is the radiation exposure to you. This is almost the same as the last slide. It is okay to care for your patient or assist the x-ray technologist during a imaging exam, with proper lead shielding.

Principles of Radiation Safety *(continued)*

Time: don't spend any unnecessary time at the patient bedside during imaging exams (ex. Monitoring the patient. Monitor the patient from a distance if possible, if not, use a lead apron at all times.

3. **Shielding:** material placed between you and the source of the radiation reduces the radiation exposure to you. This material can be any of the following:

Lead apron: to be worn when you are near a patient during a x-ray exam.

Distance: to be used to stay at least 6 feet from the patient during any x-ray (imaging) exam.

Principles of Radiation Safety *(continued)*

Conclusion:

Remember that the best way to protect yourself from any radiation exposure while at work is by practicing the three principles of radiation safety.

1. Distance
2. Time
3. Shielding

It is important to understand what is and isn't safe when working around radiation so you can understand and feel safe while caring for our patients during any imaging (x-ray exams).

Radiology

- If you have any concerns about radiation safety and or exposure, you may contact the Radiology Department and speak with any of the following individuals.
- RSO (Radiation Safety Officer)
- Department Director (or their designee)
- Radiologist
- Radiology Technologist

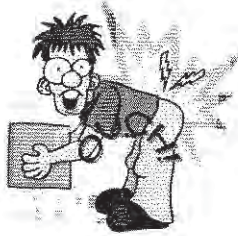


**COOK COUNTY HEALTH
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CCHHS**

Body Mechanics



Body Mechanics



Posture



- Definition: alignment of spine and of entire body. In good posture, the ear, shoulder and hip are aligned vertically.
- Importance of good posture
 - Prevent pain
 - Maintain strength and flexibility
 - Prevent gradual wear-and-tear on structures in the back; injuries due to posture and habits over time.

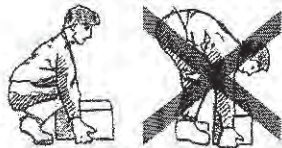
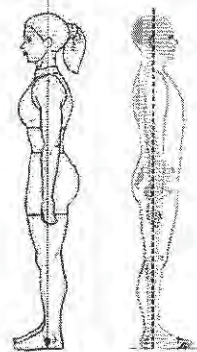
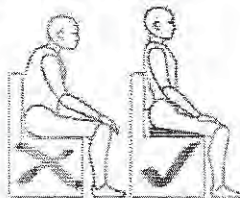
Posture (cont'd)

- Factors influencing posture
 - Fatigue
 - Fitness level
 - Inadequate support: muscle strength, footwear, appropriate chair
 - Lack of awareness
 - Habits
 - Mood/stress

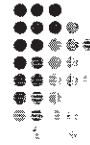


Posture (cont'd)

- Good posture is critical for:
 - Sitting
 - Standing
 - Lifting

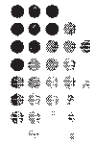


Proper lifting techniques to protect your back



- Plan the lift by:
 - Assessing the weight of the object/person
 - Determining how to grip/hold the object
 - Plan where you will move the object and clear a path.
- If the object is too heavy or large to lift safely, get help from another person or equipment.
- Use a wide base of support with feet apart and in a staggered stance to maximize stability.

Proper lifting techniques to protect your back (*cont'd*)



- Tighten abdominal/core muscles to support your back.
- Bend your hips and knees and lift with your legs.
- Don't bend at your waist; maintain normal spine alignment.
- Stand close to the object before lifting; hold the object close (keep it close to your center of gravity).
- Pivot your feet; don't twist your back.

Tips for Lifting / Moving Patients



- Explain the process to the patient before beginning. Encourage the patient to help as much as possible.
- Bring the transfer surfaces (e.g., bed and wheelchair) as close together as possible.
- Use a transfer belt.
- Do not allow the patient to pull on your neck or back.

Tips for Lifting / Moving Patients (*cont'd*)



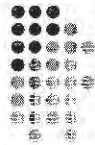
- Support the patients legs against your legs; block patient's knees from buckling.
- Move on a count.
- Both helper and patient should pivot the feet instead of twisting to turn.

Back Protection Tips for Prolonged Sitting



- Adjust chair height so that hips and knees are level (or place a book or stool under feet to bring knees to proper height).
- Sit with back supported against the chair back.
- Use a lumbar support – can be part of the chair, a commercial lumbar support, or a small pillow or towel roll.
- Maintain upright posture with normal spinal alignment (not stiff posture, not slumping).
- Stand up and stretch periodically.

Back Protection Tips for Prolonged Standing in One Position



- Place work at a height and position that allows you to reach it comfortably without leaning forward or bending over.
- If necessary to be leaning forward, support yourself against the table/surface with your legs and/or on top of the surface with one hand.
- Place one foot on a stool or step so that it is higher than the other foot to take pressure off your low back.
- Change positions as much as possible by shifting weight or switching which foot is on the stool.
- Stop and stretch periodically.

Take care of yourself!

- Good overall health and fitness decreases the risk of back injuries or any other type of injuries.
 - Maintain good nutrition and a healthy weight
 - Exercise regularly – include aerobic, stretching and strengthening
 - Stress management and adequate rest





**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

Age Appropriate Care



Provident Hospital of Cook County

AGE-RELATED PATIENT DIFFERENCES

Defining Health and Illness

Definitions of health and wellness help guide health care workers. Our Western culture separates the body, mind and spirit, while the Eastern culture speaks of balancing the body, mind and spirit. The World Health Organization defines health as not merely the absence of disease, but a state of optimal physical, mental and social well-being. Through this definition, the importance of assessing and treating a patient with consideration for their age-related differences is apparent.

The Healthcare Provider's Changing Role

In the past 50 years, the Healthcare provider's role has dramatically changed. The nurse's role has changed from a skilled observer to a Healthcare professional who professional who performs overall assessments. Unlicensed personnel have been added as important Healthcare providers, e.g., "Care Partner" or "PCA". Ancillary departments who assist patients are also considered Healthcare personnel. All of these "partners" must work together to provide for optimal assessment, intervention and evaluation of patients throughout their life-span.

DEVELOPMENTAL CONSIDERATIONS

Human development is continuous progression through maturation. The basic principles of development include:

- Patterned, orderly and predictable with purpose and direction.
- Continuous throughout life, although the degree of change in many areas decreases after adolescence.
- Can occur simultaneously in several areas (physical, social, etc.) However, the rate of change in each area varies.
- Proceeds from simple to complex.
- Pace varies among individuals.
- Physical and mental stress during periods of critical developmental changes, such as puberty, makes a person particularly susceptible to outside stressors.

- Assessment of developmental status includes physical abilities and limitations (capability to perform activities of daily living), cognitive abilities (thought processes, perceptions, (comprehension and ability to reason) and growth.

The Older Age Group

In our country the 65 and older age group has increased from 3.1 million in 1900 to 31 million in 1989. Authorities estimate that by the year 2000, 13% of our population will be 65 and older. This increase in geriatric population especially challenges health care providers. They must be able to assess and intervene in many chronic illnesses and also teach wellness using the perspective of the increased age group. The two important considerations of the aging population that must be addressed by health care professionals are:

- How the experience of aging can be modified.
- How the environment can be changed in order to facilitate independence, thereby allowing for a higher and more satisfying quality of life.

Contrary to popular belief, the majority of our county's seniors are not in nursing homes. More than 75% of the people over 80 live in their own homes.

PHYSICAL ASSESSMENT

Vital Signs

Vital signs and other physical measurements provide valuable information about all systems of the body.

Temperature: Normal temperature ranges from 96.5 to 99.3F. (33.7 to 37.8C). Rectal temperatures are generally 1 degree F higher, while axillary temperatures are generally 1 degree F lower.

Some authors recommend rectal temperature determinations for all children under age 10.

However, most children can cooperate for oral readings earlier than that age. The temperature decreases during adolescence and late adulthood, while increasing during pregnancy.

Pulse: Pulse rates are influenced by biological rhythms, sex, age, activity and conditioning. The pulse rate is lowest in the early morning and highest in the later afternoon and evening. Rates for women average 5 to 10 beats per minute faster than those for men.

The pulse decreases from infancy through middle adulthood and increases slightly in late adulthood. The pulse increases with activity, but is usually lower than “normal” in athletically conditioned persons. During pregnancy and late adulthood, the pulse rate increases. The normal pulse rate among adults ranges between 50 and 100 beats per minute. The pulses are symmetrical, strong and regular.

The pulse rates of infants are best obtained by observing the fontanelle pulsations, palpation of the carotid or femoral arteries, or listening to the heart. Palpation of the

radial artery is usually not useful until after age 3, due to the fast rate and the difficulty in holding the arm still. The adolescence pulse rate is as the adult.

Respiratory: The respiratory rate should be determined along with the rhythm of respirations. Respiratory rates vary with age, activity and physiologic conditioning. The respiratory rate decreases from infancy through middle adulthood and increases with activity, but decreases with athletic conditioning. Respiratory rates decrease during adolescence and increase during pregnancy and late adulthood. The normal adult respiratory rate ranges from 12-20 breaths per minute.

Blood Pressure: The technique of taking a blood pressure, using any type of sphygmomanometer, is the same. The underlying principle is that pressure is applied to a limb to cause temporary cessation of blood flow through an artery. A cuff is applied to an arm or leg. The cuff should be 20 percent wider than the diameter of the limb used and long enough to encircle it completely. Cuffs that are too small give false high readings, while the opposite is true of cuffs that are too large. Systolic blood pressure normally ranges from 95 to 140 mmHg, with an average of 80 mmHg.

Blood pressure is age-related and reflects physiologic conditioning and emotional factors. Blood pressure increases with age or anxiety and decreases with athletic conditioning. Blood pressure increases during adolescence to adult levels. Pregnancy and late adulthood also show an increase in blood pressure.

Formerly, blood pressure readings were frequently not obtained among very young children. It should be standard measurement in sick infants and children. In children, when auscultation is impossible, palpation of the blood pressure may be used. The palpated pressure is generally 10 millimeters of mercury higher than that obtained by auscultation.

Skin

Assessment of the skin is used to determine color, vascularity, lesions, rashes and scars. Skin texture is assessed by palpating the skin's surface. The texture can range from

delicate to rough. It is finest in infancy, and becomes coarser with aging. It is finer in women than men. The hair is assessed for distribution, quantity and quality.

Infants: The skin of babies has unique characteristics. Color is predominately pink except in their hands and feet, which may appear cyanotic. The appearance of jaundice is a normal phenomenon during the second or third day of life. The black newborn appears dusky pink, except in fingernails and genitalia which are highly pigmented. Mottling is the appearance of alternating patches of rubor (red) and pallor (white), and is normal on the extremities of babies who are cold. The skin of children usually provides the first manifestation of systemic viral infections.

Adolescence: Noticeable skin changes occur in the skin of the adolescent, including an increase in pigmentation, increase in sebaceous gland (acne) and sex-related hair distribution.

Pregnancy: A mast of pregnancy may occur on the woman's face due to an increase in pigmentation across the cheeks, nose and forehead.

Geriatrics: The geriatric population demonstrates a greater degree of pigmentary changes. Blotchy, irregularly pigmented areas (mottling) develop in older persons who have lighter skin and hair color. Blacks, Asians and Indians do not demonstrate the same blotch tendency because they have a more permanent pigmentation. Yellowish papules may appear due to fat deposits. Lesions appear more frequently as the skin ages.

The skin appears pale as a result of changes in the blood vessels and decreased blood supply. Thinning of the epidermis causes the veins to appear more prominent.

On palpation, the skin of the older person may feel cool, due to the decrease in the ability of the body to regulate temperature. The texture is drier due to a reduction of the activity of the sebaceous and sweat glands. The loss of elasticity and subcutaneous fat gives the extremities and face a more wrinkled appearance.

A generalized thinning of hair occurs due to a reduction in the number of hair follicles. The hair becomes gray due to decreased melanocyte activity. Other changes include a decrease in facial hair on males and an increase in facial hair on women; coarsening and thickening of hair in the nasal orifice and ear; and slowing of growth. Thickening of nails also occur.

Head and Neck

Infants: The head of the newborn is proportionately larger. Early on, it is one-quarter the length of the body, which in adulthood the head is approximately one-eighth. The cranial sutures of the newborn are movable and the fontanelles are open.

The macula, or orbital vision area, is not fully developed at birth; therefore, newborns are believed to have poor vision. However, current research suggests that the actual visual acuity of newborns is unknown. The newborns have little or no tears until after three months because the lacrimal glands are poorly developed. Almost all newborns have blue eyes because the sclera is thin and the iris contains little pigment.

Speech development is an indication of hearing ability. It is one of the indications of the young patient's ability to hear. At approximately four months, the infant turns his head and eyes toward the direction from which the sound has originated. At seven months, the infant turns his head and eyes toward the direction from which the sound has originated. At seven months, the infant turns his head in search of a quietly spoken voice.

Pregnancy: During pregnancy, the eyelids and per orbital areas frequently show increases in size. Vasoconstriction and hemorrhage may occur, as well as retinal vascular occlusion, resulting in transient myopia.

Geriatrics: Advanced age causes a gradual loss of lid elasticity leading to drooping eyelids. The conjunctivae is drier due to a decrease in tear production. A whitish-gray opaque circle band changes the iris coloration in most people over 60 years of

age. The pupils are slightly smaller and the lens loses the ability to accommodate (and develops a loss of transparency) leading to clouding of vision and decreased visual acuity. There is also a decrease in the visual fields inability to adapt to the dark and sensitivity to blue hues.

A normal consequence of the aging process is a change in the structure and function of the ear. Physical changes in the ear of the late adult include narrowing of the ear canal and thickening of cerumen in the ear drum. Subtle changes in hearing may occur as early as 40, but more noticeable changes occur at age 60. Usually, a loss of hearing is the result of a neural deficit caused by genetic disease, drugs or environmental factors. The response of the patient to directions, questions and sound is often an indication of hearing ability.

Since there is only one set of permanent teeth, aging is associated with increased loss of teeth. A potential cause is poor dental hygiene, infrequent visits to the dentist and delayed treatment. There is gradual decrease in the alveolar ridge (similar to osteoporosis), causing dentures to slip and irritate. This fact, along with a decrease in smell and taste, could cause malnutrition.

Lungs

Infants: The newborn chest is cylindrical in shape. Also, the chest circumference is equal to or slightly smaller than the head circumference in the first two years of life. Breath sounds in children are louder and harsher than in adults, and the normal lung sound is vesicular.

Pregnancy: Breathing becomes more costal during pregnancy and many women complain of dyspnea during the third trimester. This difficulty in breathing is actually hyperventilation, caused from the effects of the hormone progesterone in trying to maintain oxygenation of both maternal and fetal blood.

Geriatrics: Degeneration of the lungs begins during the fifth decade of life. There are fewer alveoli and those remaining are larger. There is an increased calcification of the cartilages. All of the factors cause a less elastic lung and a stiffer rib cage, which decreases the compliances of the lung. The aged will normally have minimal dyspnea with activity.

There is also a decreased ability to cough in the aged due to the rigid thoracic wall and weaker muscles. It may be difficult to auscultate the lung fields adequately, since the elderly may be unable to take a deep breath. The normal breath sounds, therefore, are softer, especially in the lungs bases where the distal alveoli and airway may have closed.

Cardiac

Infants: In infancy, the heart is located higher in the chest cavity than in later years. The apical impulse is easily visible and palpable.

Children: A third heart sound (s-3) and murmurs are common, particularly during rapid periods of growth. Thirty to fifty percent of children have innocent murmurs. Sinus arrhythmias and premature ventricular contractions are relatively common in children and are not pathological.

Pregnancy: The expanding uterus causes an increase in pressure on the inferior vena cava causing a drop in blood pressure upon standing (supine hypotension syndrome). This syndrome can be alleviated by placing the patient on her left side. Cardiac output increases 30-40 percent during pregnancy. At 38 to 40 weeks of gestation, cardiac output declines again due to the obstructed venous return. Blood volume increases 20-100 percent above normal due to fluid retention and decreased capillary pressure.

Geriatrics: The heart experiences little change with increased age. The cardiac output decreases 30-40 percent between ages 25 and 65 years. During stress, the heart rate increases but does not achieve the same fast rate (tachycardia) as in youth. During exercise, the stroke volume increases considerably, compensating for the inability of the heart to achieve tachycardia. The arteries of the elderly become less resilient and less elastic, creating a rise in blood pressure

With advancing age, widespread changes in the conduction system of the heart occur. These changes may alter the electrocardiogram, including duration of the PR and QT intervals, the axis and changes in the morphology in the P wave, QRS complexes and T wave.

Age is a recognized risk factor for coronary artery disease. As well, age is also a risk factor for decreased perception of ischemic cardiac pain, or silent myocardial ischemia.

Abdomen/GI/GU

Infants: The abdomen of the infant and young child is relatively larger than the chest and is protuberant. An increased amount of air may be percussed over the stomach and intestines of the infant. This is a normal finding, caused by air swallowed during feeding and crying.

Children: Prior to puberty, it is not uncommon for young children to insert foreign bodies into the vagina. Occasionally, children traumatize their external genitalia during masturbation. Any signs of genital trauma should be questioned. A common cause of nonbacterial urethritis is chemical irritation from bubble baths. E-Coli is the most common pathogen causing urinary tract infection.

Adolescence: The secondary sex characteristics begin developing at puberty. A discussion of sexuality and contraception is of great importance during adolescence. As with the adult client, information is needed regarding the potential for venereal disease, contraceptives, pregnancy and abortion.

Pregnancy: The pregnant uterus is normally palpable after the twelfth week of gestation. Fetal heart tones are auscultated after the twentieth week of gestation with a fetoscope, but may be heard as early as the ninth week with a Doppler. Hemorrhoids are common during pregnancy due to constipation and the enlarged uterus interfering with venous circulation.

Geriatrics: Palpation of the abdomen may be easier in the elderly due to decreased abdominal muscle tone, and more difficult due to obesity. The gastrointestinal tract does not change until the ninth decade when there is decrease in peristalsis. The normal range of bowel habits does not change with age, but it may vary on an individual basis.

Constipation or frequent bowel movement is the result of an insufficient intake of bulk producing foods, medications, overuse of laxatives or a sedentary life. Increased age often cause a decrease in the anal sphincter tone and difficulty in being able to distinguish between feces or gas, causing fecal incontinence. Over 70 percent of the people over 40 years old have hemorrhoids. Most males over 50 years old have an enlarged prostate.

In women atrophic vaginal changes and decreased lubrication occur but sexual interest remains unchanged; as well, the ability to experience orgasm decreases, but it is not absent. In men, testosterone production gradually declines, and a decline in

sexual activity occurs. In the American culture, factors causing the decline could be mental and physical fatigue, and /or overindulgence in food and drink.

Because elderly women do not participate in regular cervical cancer screening, more advanced lesions are found are less curable.

Independence is so important to the elderly that they will do almost anything to remain in their homes. Due to our country's inflation and fixed incomes, many retirement plans are inadequate. Elders must often rely on family members to assist in their daily living requirements. Family members may not live nearby or may not desire to become their parent's caregivers.

Unfortunately, most people tend to dislike old people and the idea of aging. Our culture may support this idea because there is no clear role or importance for the elderly. The media assists in this negative portrayal of the elderly. We often associate unattractiveness, illness and death with the elderly. Anyone who appears to be weak and have gray hair or wrinkles is considered old and unable to function normally. This is especially true of Healthcare providers. The hospitalized elderly may be the only reference source for Healthcare providers. It must be remembered that the majority of the elderly population are not ill and are independent.

The elderly usually present with multiple non-specific complaints which create a challenge for the Healthcare provider. Many times the older persons problems are simply associated and attributed to old age and are therefore ignored. Assessing and caring for the elderly is a complex and time consuming process. Frequently, in the acute care setting it is difficult to assess all of the relevant information under the time constraints. Therefore, the care of the elderly is often centered on the identified deficit which limits their independence.

Caring for the elderly requires a multi-disciplinary approach, involving the significant other or family, and assessment of all aspects of life, physical, psychosocial, functional, economic and social.

PSYCHOSOCIAL IMPACT OF AGING AND ILLNESS

Theories of Aging

There are various biological theories proposed to explain the changes associated with increasing age. However, it is generally accepted that although some cell do undergo a degenerative and deteriorating process, a large number of functional cells remain intact and proficient. So that under normal circumstances, function is maintained. This is why it becomes so important to develop a philosophy that rehabilitation can often be accomplished in the elderly.

Psychosocial Alterations

There are many alternations which occur throughout the life span. They include physical, sensory and cognitive changes. There are many outside forces, along with these changes, that affect the person's behavior. In the older adult, these forces may include retirement widowhood, change in body image, loss and grief, and role changes.

Pregnancy: Adequate nutrition is essential during pregnancy, along with supplemental vitamins and minerals. The recommended weight gain is 24 pounds (11 Kilograms) for most American women. The pattern is 3 to 4 pounds in the first trimester, ½ pound per week for the second trimester and one pound per week for third trimester.

Geriatrics: During the aging process, multiple physiological changes directly affect the nutrient intake of the geriatric client. Decrease in hearing, vision, taste and smell can take away from some of the social aspects of eating, as well as the ability to eat. Decrease in muscle tone and peristalsis, and delayed esophageal emptying, can make eating meals an uncomfortable experience. This leads to complaints of "heartburn," early feeling of fullness or "gas".

Loss of teeth or ill-fitting dentures also influence nutrient intake. Fifty percent of Americans have lost all their teeth by age 65, and 65% by age 75.

CULTURAL AND SPIRITUAL ASSESSMENT

Definition of Culture

It is a difficult and complex task to describe a culture and explaining it is almost impossible. There are both universal elements that apply to all cultures, as well as individual factors that distinguish one culture from another. Culture is based on complex and interwoven political, social and historical developments and situations. Throughout history in order to survive, people have been forced to find practical solutions to deal with changing circumstances. Since the history of one country or one group of people is unique, the actions that are taken to solve problems are also unique.

Culture encompasses a pattern of behavior that distinguishes one group from another. One could say that culture is a "way of life" of a group of people that are passed on to individual members, within that group. The culture to which an individual belongs plays an important role in shaping beliefs and behaviors.

The various aspects of culture include history, language, nonverbal behavior, values, religion, healing beliefs and practices, diet family life processes, patterns of social

interaction, the arts and clothing. For example, if the cultural group has a history of being discriminated against, individuals may be reluctant to trust care providers from cultures that differ from their own.

Language: It is easy to become frustrated when there are language barriers. Consider an English-speaking nurse taking care of a Chinese-speaking patient. The patient does not appear to understand the instructions of the nurse, so she starts to speak louder. This does not enhance understanding, but it does increase the anxiety level and fear of the patient.

Nonverbal Behavior: Nonverbal behavior includes gestures, eye contact, touch and body movement. Cultures vary in the amount of touching that is practiced. In general, touching is more prevalent in Latin American cultures than in most Asian cultures. It is usually a good idea for health care providers to explain what they are going to do before touching the patient.

Expressions of Pain: Expressions of pain vary among individuals and cultures. In some cultures, individuals are not encouraged to express their discomfort. Rather, they are expected to maintain self-control and “suffer in silence.” In other cultures, individuals are encouraged to openly and directly express discomfort. It is acceptable in African-American and Hispanic cultures to moan when discomfort is experienced. This contrast with the practice in many Asian cultures, where self-restraint is practiced.

Life and Death: Culture can profoundly affect a patient’s view of life and death, as well as health. Some cultures advocate resistance to seeking health care or taking responsibility for changing behaviors. They feel powerless to control their illness, which they may view as a punishment of what another person wished them ill. Other cultures may promote health and wellness through a healer. Dietary restrictions may occur from cultural influence. Relationship pattern and other psychosocial factors are affected by culture.

Spiritual: Spiritual and religious influences could be the patient’s most important aspect of life. Indeed, treating a patient holistically deals with a balance of body, mind and spirit, all acting interdependently. A patient’s health beliefs may be linked closely to their religion. For example, a Jehovah’s Witness may refuse to accept blood transfusions or blood products, even in a life-threatening situation. A patient may not practice any formal religion and still be spiritual.

Coping with stress: Physical, social and emotional demands create stress. Every person copes with stress individually. These coping strategies are chosen because of past experiences and effectiveness. In a crisis, people tend to revert to coping strategies that worked in the past.

PSYCHOSOCIAL DEVELOPMENTAL ASSESSMENT

The change in the focus of health care delivery requires that Healthcare providers be able to provide care specific to the particular patient population. Knowledge of the life cycle developmental stages and the patient's unique psychosocial needs through each phase of development is essential to provide specific care.

Erickson's psychosocial developmental theory is the most widely accepted theory. Erickson's theory involves predictable, age-related stages during which specific changes are assumed to take place. Each stage has two components, the favorable and the unfavorable. No stage is completely mastered, but remains a problem throughout life. The lasting outcome of mastering these stages, according to Erickson, provides the ability to cope with everyday and catastrophic stresses.

Developmental Stages

Infants/Children/Adolescence: Being sensitive to the child's understanding of hospitalization and how they communicate can assist the Healthcare worker in identifying problems created by the child's illness as well as those which were present prior to the illness. The stresses and anxiety produced from the child's physical and psychological disequilibrium may not allow mastery of their specific developmental task.

Birth to 1 year: Trust versus mistrust involves developing a trusting relationship of hospitalization and how they communicate, can assist the Healthcare worker in identifying problems created by the child's illness as well as those which were present prior to the illness. The stresses and anxiety produced from the child's physical and psychological disequilibrium may not allow mastery of their specific developmental task.

A child age 1-3 months smiles responsively and can recognize their caregiver. They follow objects from side to side and also ignore unpleasant stimulations to a point. Their cries can be differentiated and they begin to chuckle and coo. Safety items to consider at this age include cribs that have side rails that are not more than 2 3/8" apart, no pillows and no lead paint. Safety approved care seats are required and children should never be left alone, even for a moment, when in them. These small children require protection from direct sunlight, and they should not be shaken.

When children reach 4-6 months, they can hold their arms out to be picked up and can demonstrate actions to attract attention. They smile at a mirror image and laugh out loud. They respond to familiar voices and begin to try to imitate sounds. The caregiver must initiate fall prevention techniques by lowering the crib mattress and ensuring the side rails are up at all times.

At 7-9 months, children begin to develop stranger anxiety and demonstrate other likes and dislikes. They resist being restrained, regardless of the purpose. They respond to inflections and gestures from their caregiver. Care must be taken to ensure that medicines and cleaning poisons are in high locked cabinets, fall prevention techniques are implemented, electrical outlets are covered and plastic wrap, including balloons, are not accessible.

Children can wave bye - bye, play interactive games and become frustrated if restricted in their activities.

They begin to recognize some objects by name and can imitate some animal sounds. Fall prevention techniques are especially important, locks should be on all drawers and doors, electrical cords kept short, gates and barriers kept locked and remain sturdy.

1 to 3 years: Autonomy versus shame and doubt centers around the child's increasing ability to control his body himself, and his environment, while learning to conform to social rules. Shame and doubt occurs when he is forced to be dependent in areas in which he is capable of controlling.

The 13-15 month old can walk without help and can tolerate separation from a caregiver for a short period of time. The child likes to put small objects in his mouth, such as buttons and eyes from stuffed animals. His gait is not quite steady so he tends to fall easily.

At 18-24 months, children begin to run. They like to remove their shoes, socks and clothing. They begin to test their limits more strongly and display temper tantrums. Their favorite word is "mine" and they recognize ownership. This is the stage where they like to put small objects in their body cavities. They cannot differentiate actions that are dangerous.

By 24-36 months, they can jump with both feet, pedal a tricycle and feed themselves. They begin to develop the concept of sharing. However, they have difficulty in distinguishing the difference between reality and fantasy. Pool safety is an important concept for this age group.

3-6 years: Initiative versus guilt is developed through the child's conscience. No longer guided by outsider, children respond to their inner voice that warns. Guilt occurs when their initiatives are inhibited. The family becomes the socializing agent by training the child to not impinge on the rights and privileges of others.

Three year olds become more independent and daring. Seat belts are required (if the child is over 40 pounds). They demonstrate pre-conceptual thinking and understand the concept of time. They can jump and dance and use alternating feet to walk up the

stairs. They may exhibit a fear of darkness. The American Pediatric Association recommends swimming lessons at this age.

Four year olds can hop and skip on one foot and can throw a ball overhand. They are often rebellious but obey limits without comprehending right or wrong. Bicycle safety and continued automobile safety is important at this stage of development.

At five years of age, children have a good sense of balance. They can throw and catch and can dress themselves in clothes that match. They are eager to please by tolerating another's perspective, even if they don't completely understand it. They frequently complain about minor injuries, but usually are brave if they expect to have major pain. These children need to have instructions on bicycle, street and stronger safety.

Six year olds have extra energy and do not like to sit for long periods of time. They are clumsy and awkward. They like to interact with children their own age. They do not admit it when completely mastered, but remains a problem throughout life. The lasting outcome of mastering these stages, according to Erickson, provides the ability to cope with everyday and catastrophic stresses.

They have done anything wrong. They can usually read and are ready to learn. They may be drawn to potentially dangerous situations through their explorations.

6-12 year: Industry versus inferiority stage is fulfilled by beginning and completing tasks. Inferiority may develop if they cannot measure up to the standards set for them by others.

Seven to nine year olds participate in sport activities and have the ability to practice their skills to achieve mastery. They are always on the go. They like to please and they become more critical of themselves. They need to be reminded of dangerous situations such as drugs, bicycles, strangers and street safety.

At age 10 to 12, children notice the difference between the development and strength of boys and girls. Their movements are clumsy and jerky. They place great importance on having a best friend. Peer pressure occurs in this age group, requiring safety education on the use of alcohol, drugs and sex.

12-2- years: Ego identity versus the danger of role diffusion is the developmental task of the adolescent. Adolescents become increasingly sensitive to how they think others perceive them as compared to how they perceive themselves. Finding one's one identity is stressful and difficult work. In many ways, it is a life-long task. If the adolescent can emerge with a reasonably strong sense of his or her own identity, he or she has successfully experienced this stage.

Adolescents may follow or identify with popular entertainers and wear personal apparel or use speech patterns that mark them as part of a group. Because of the vulnerability of young teenagers, the pressures of peer group conformity may be harmful. Individual judgment may often be forfeited to the desires of the group as a whole, creating great stress and anxiety in some adolescents.

During pre-adolescence, close friendships are important to identity development. During the later teen years, relationships with the opposite sex usually develop. Some individuals become aware that they have a homosexual orientation.

The emotional life of an adolescence ranges from exhilarating peaks and depressing lows. Much energy goes into this effort to understand the meanings of this shifting complex of feelings. Gradually the emotions even out to some extent and a sense of balance develops.

20 – 35: Leaving adolescence and entering young adulthood means separation from the family and its financial support as well as greater freedom to choose experience and friends. It is also a time of taking greater responsibility for one' own life.

Intimacy versus isolation focuses one of the tasks of young adulthood on forming an intimate relationship. After forming a self-identity, the individual can enter a relationship with another person without losing self-identity. Intimacy involves more than physical contact. It is the ability to share personal identity with another without losing one's own unique identity. The desired outcome is mutual satisfaction and support. The danger of this stage is isolation or an avoidance of those persons and settings that promote and provide intimacy.

Establishing independence, marriage or choosing single hood, divorce, parenting, career development and organizational participation are common milestones or stressors which the young adult experiences.

35-65: Middle adulthood is a stage of life when growth is strongest in the areas of personal, social and emotional development. By this time, individuals have generally chosen a lifestyle, a family or single pattern of living and an occupation.

The important task for the personality development at this stage is resolution of generativity versus stagnation. Adults need to contribute to the next generation either by raising children or producing something that can be passed on. The later may involve creative, socially useful work. The motivation is to create and/or nurture those who will follow and to leave a mark on the world. Generativity means sharing, giving and contributing to the growth of others as well as passing something on to the next generation. Stagnation means experiencing boredom and a sense of emptiness in life, which leads to being inactive, self-absorbed and self-indulgent.

Between the ages of 30 and 50, major life goals and activities concentrate on the areas of self-development, career development, assistance to both younger and older generations and organizational endeavors.

In Western society; much of the implementation of the goals of major institutions is done by the middle-aged population.

Menopause, development of interests outside of work, loss of peers, personal inner growth, maintaining interest in current affairs, coping with physical changes and retirement are some of the major milestones, stressors and interests of the middle-aged.

65-95: As in the case with the other stages, the parameters of late adulthood and old age are not easy to determine. Some people seem old at 40, while others seem young at 65. Some gerontologists have attempted to deal with this situation by setting apart the years from 60 to 75 as early old age and the years after 75 as late old age.

The emphasis in our society on youth and their culture, behavior, and attitudes is accompanied by a negative attitude toward the elderly. This prejudice known as "ageism" is a negative attitude toward aging and discrimination based on age. It is said in this culture, everyone wants to live long but no one wishes to grow old.



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

Quality &

Performance Improvement



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

QUALITY & PERFORMANCE IMPROVEMENT



What Is Performance Improvement?

- Helping you to find a more efficient, cost effective way to do your job.
 - Achieving mission more effectively.
 - Better outcomes.
 - Becoming a better quality organization.



Why Is It Necessary?

- It is the right thing to do for patients.
- Mandated Requirements by:
 - Center for Medicare and Medicaid Services
 - The Joint Commission
 - State Licensing Agency
(*Illinois Department of Public Health*)
 - Insurance Companies

Who Is Responsible?

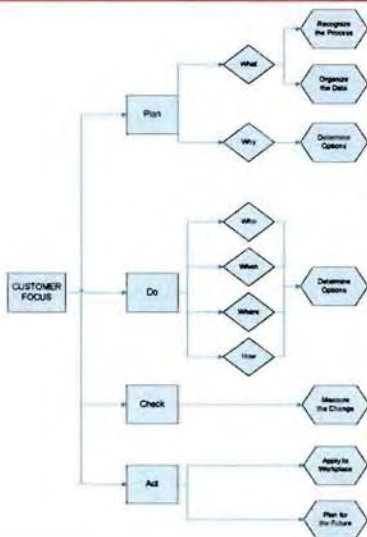
- Senior Leadership
- Housekeepers
- Dietary Workers
- Doctors
- Nurses
- Accounting Personnel
- E V E R Y O N E!



Quality Model & Basic Tools



The PDCA Cycle & Quality Roadmap



2010 System-wide Projects

- Care of the Diabetic Patient
- Safe Administration of Anticoagulants
- Improve Core Measure Outcomes
 - Acute Myocardial Infarction
 - Heart Failure
 - Antibiotic Prophylaxis
 - Community Acquired Pneumonia
- Customer Satisfaction

2010 Hospital-wide Quality & Performance Improvement Goals

- Patient Flow/Thru-Put

The Joint Commission standards for accreditation requires that hospitals improve processes to ensure the timely flow of patients through-out the hospital. Regulatory agencies have placed special focus on the Emergency Room Overcrowding. Studies have shown that overcrowded Emergency Rooms are caused by failures in processes of departments / support services to the Emergency Room staff.



Composition of Patient Flow/Thru-Put Team

- Medical Admin
- Medical Emergency
- Nursing Admin
- Nursing Med/Surg
- Emergency Nursing
- Admitting
- Utilization Review
- Radiology
- Laboratory
- Respiratory
- Environmental Svs.
- Social Services

National Core/ORYX Measures

Core Measures are a set of diagnosed based criteria adopted by CMS and Joint Commission to improve patient outcomes. Core Measures are called ORYX by Joint Commission. The rationale for these National Core Measures to improve patient care outcomes for Acute Myocardial Infarction Heart Failure, Community Acquired Pneumonia, Surgical Improvement, Pregnancy Care. The Core Measures are mandated by Centers for Medicare and Medicaid Services for full reimbursement and for Joint Commission Accreditation.



Composition of Core Measure Team

- Family Medicine Physician
- Critical Care Physician
- Internal Medicine Physician
- Emergency Medicine Physician
- Nurse Managers
- Cardio-diagnostic Director
- Quality Services Staff



Improve Customer Service

- Customer Service Committee
- Organization's Expectations for Customer Service
- Recent Patient Satisfaction Data





**COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS**

Risk

Management



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

RISK MANAGEMENT

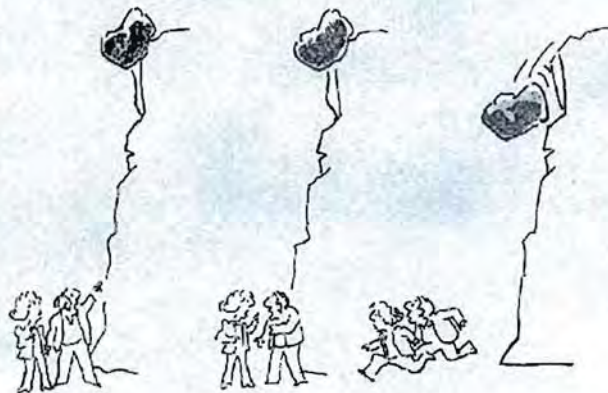
- Risk Management is the:
 - Identification;
 - Measurement; and
 - Managementof events which may adversely impact organizational objectives.

Stages Of Risk Management

RISK
PERCEPTION

RISK
COMMUNICATION

RISK
MANAGEMENT



What is Risk?

- Risk is anything, event, practice, process, activity, etc. which has an uncertain outcome that is – or can be – a threat to the achievement of the hospital's objectives.



Why is Risk Management Important?

- It is a comprehensive tool designed to:
 - Reduce the risk of financial loss to the hospital
 - Reduce the risk of injury to patients, visitors and employees
 - Reduce the risk of damage to the hospital's mission and reputation
 - Improve patient safety





Components of Risk Management

- Articulate the organization's objectives
- Identify the risks
- Assess their impact and likelihood
- Decide on appropriate course of action
- Communicate effectively
- Take a strategic view / approach



Process Of Risk Management

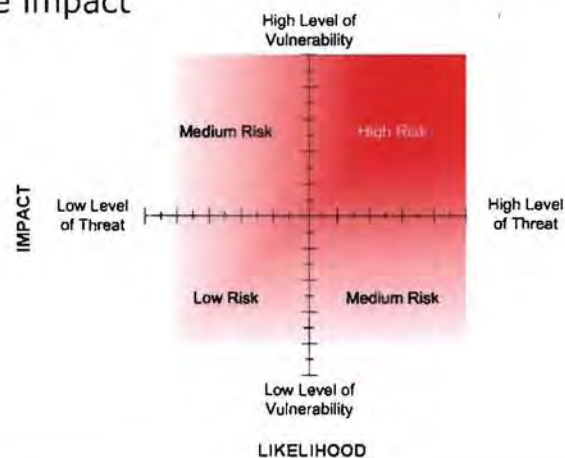
- Make early identification of possible untoward event.
- Make an immediate assessment
- Develop an immediate preventative strategy
- Minimize probability of reoccurrence
- Reduce probability of reoccurrence
- Eliminate cause of occurrence
- Risk Sharing / Pooling
- Implementation of risk reduction strategies
- Surveillance / measurement of risk reduction strategies
- Compare results over like periods of time

Early Identification of Risk

- Patient Safety Reports
- Employee Hotline
- Voicemail Reports
- Surveillance Rounds / Reports
- Security Rounds / Reports
- House Administrator Reports

Risk Identification

- Need to consider both the likelihood and the impact



Develop an Immediate Preventative Strategy

- What can be done to prevent cause of occurrence - immediate
- What factors can be changed to prevent severity of occurrence
- What in the current process can be changed or eliminated to prevent severity of occurrence
 - Minimize probability of reoccurrence
 - Reduce probability of reoccurrence
 - Eliminate cause of occurrence

Prioritize Risks

- Identify those risks that have the greatest impact on an organization.
- Which are easy to control?
- Are controls already in place – and if so, how effective are they?
- Does everyone understand the risks and the risk priorities?







Effective Communication is Critical

- Attitudes to risk taking – need for consistency
- Risk taking limits and guidelines
- Key strategic risks that cannot be avoided
- Risk management strategies in place
- Risk management systems and control processes
- The value of early warning
- The role of staff in the process
- Encourage upwards and sideways communication
- Listen!

PROVIDENT HOSPITAL OF COOK COUNTY

Activity: Quality Services Department: Risk Management	Page: <u> 1 </u> of <u> 3 </u>
Subject: MEDICAL DEVICES, PRODUCTS, AND EQUIPMENT: DEFECTIVE AND RECALLS	Policy Number: 04-03-03
Approved by: Aaron Hamb, M.D., Chief Medical Officer  Stephanie Wright-Griggs, Chief Operating Officer 	Policy Distribution: Activity: () Department: () Hospital-wide: (X)
Effective Date: March 31, 1993	

PURPOSE:

Provident Hospital of Cook County institutes procedures to protect the institution from risk of product liability by establishing methods for identifying, securing and reporting defective devices, Products and equipment to appropriate internal and external authorities in compliance with externally mandated requirements.

DEFINITION:

For the purposes of this policy, defective medical products and equipment is any defective device, product and equipment which caused or contributed to the death, serious injury, or serious illness of patient(s), staff member(s), student(s), visitor(s), or volunteer(s). Defective equipment may be identified by staff or be the subject of supplier initiated recalls. The FDA recalled field corrections are as follows:

Class I - A situation in which there is a reasonable probability that use of or exposure to a hazardous product will cause serious adverse health consequences or death.

Class II - A situation in which the use of or exposure to a hazardous product may cause temporary or medically reversible adverse health consequences or where the probability of serious adverse health consequences is remote.

Class III - A situation in which the use of or exposure to a hazardous product is not likely to cause adverse health consequences.

POLICY:

Departments responsible for purchasing, dispersing and using medical products and equipment must have written departmental procedures for handling defective devices, products and equipment identified in-house or the subject of a supplier recall.

Where any defect is identified in-house, PHCC Risk Management will consult the department(s) involved and evaluate the need to report the discovered defect to the appropriate agency and/or manufacturer as determined by the Safe Medical Devices Act.

Pending the outcome of litigation, PHCC Management and/or Risk Management should retain a defective device, product or equipment whenever possible.

Review Date			5/99	4/05	4/18				
Initials			JDC	AV	AV				
Revision Date	11/95	8/96	4/02	4/05	4/18				
Initials	JDC	JDC	JDC	AV	AV				

PROCEDURE: IN-HOUSE IDENTIFIED DEFECT:

A. PHCC Departments (Biomedical Engineering, Safety, Risk Management)

1. Inspect all devices, products, and equipment prior to use and identify any that are potentially harmful.
2. Remove defective and/or potentially harmful devices, products, and equipment from use. Label equipment with "Out of Service".
3. Report the presence or notification of defective or potentially harmful devices, products or equipment to immediate Supervisor. In addition, report defective electrical equipment to the Risk Manager. During off hours, report to the Administrator-on-Call.

B. Supervisor of PHCC Staff Reporting Defective Device, Product, and Equipment:

1. Secure the device, product, or equipment and ensure item is not adjusted or altered.
2. Immediately notify Risk Management and PHCC Administrator-on-Call.
3. Submit defective devices, products, and equipment to the Risk Management with the appropriate report(s) as cited above if size permits; if not, retain in the area until the Risk Management completes the investigation.
4. If the device, product, or equipment has been removed surgically:
 - a. Complete a Inpatient Safety Report; and
 - b. Send it to the Department of Pathology requesting the device, product, or equipment be retained and forwarded to PHCC Management and/or Risk Management

C. Safety Committee:

Monitor compliance with the Safe Medical Devices Act and analysis of in-house reports

PROCEDURE: SUPPLIER INITIATED DEVICE OR PRODUCT RECALLS/MEDICAL DEVICE ALERTS:

A. Head of PHCC Department Receiving Product Recall Information:

1. Ensure timely notification of PHCC/Risk Management, PHCC Biomedical Engineering Department and Safety Department.
2. Collaborate with PHCC Biomedical Engineering Department to comply with vendor/alert instructions.

B. Head of PHCC Biomedical Engineering Department:

1. Ensure timely notification of PHCC Management/Risk Management and departments affected by product recalls.
2. Assist affected department to comply with notification, e.g., labeling, upgrading, or removing from services.
3. Provide the Risk Management and Safety Liaison with written correspondence of the compliance with product recalls, including but not limited to:
 - a. Product involved;
 - b. Departments contacted;
 - c. Solution/resolution and;
 - d. Staff knowledge of problem and approaches;
 - e. Serial #'s, model #'s, manufacture date;
 - f. Purchase date or invoice; and
 - g. Manufacturer and vendor.

C. Hospital Department Heads:

As necessary, ensure timely notification of the Risk Management with appropriate documentation.

**Subject: MEDICAL DEVICES, PRODUCTS, AND
EQUIPMENT: DEFECTIVE AND RECALLS**

Policy no. 04-03-03

Page 3 of 3

C. Hospital Department Heads:

As necessary, ensure timely notification of the Risk Management with appropriate documentation.

PROCEDURE: SUPPLIER INITIATED RECALLS OF CONSUMABLES/DISPOSABLES/OTHER PRODUCTS

A. Head of PHCC. Department Receiving Notice of Recall of Consumables/Disposables/Other Products:
Ensure timely notification of Material Management.

B. Notify involved departments, physicians, and other users at PHCC. by telephone and memo of the recall.

C. Heads of Involved Department or Designees:

Arrange for the immediate removal of the item(s) from stock and for return to Material Management.

D. Materials Management Director or Designee:

1. Facilitate collection and disposition.
2. File recall documentation for the period of time specified by the Business Office, but not less than one (1) year.

References: Disaster Fire and Safety Manual

Policy #04-10-12

PROVIDENT HOSPITAL OF COOK COUNTY

Activity: Quality Services Department: Risk Management	Page: <u>1</u> of <u>2</u> <i>APPENDICES 2</i>
Subject: PATIENT SAFETY REPORTS	Policy Number: 04-03-04
Approved by: Aaron Hamb, M.D., Chief Medical Officer <i>Aaron Hamb MD</i> Sidney A. Thomas, Chief Operating Officer <i>Sidney A Thomas</i>	Policy Distribution: Activity: () Department: () Hospital-wide: (X)
Effective Date: March 31, 1993	

I. PURPOSE:

Provident Hospital of Cook County maintains a system of reporting investigating and following up patient safety occurrences on hospital premises in order to eliminate causes of, reduce the frequency and severity of such occurrences, for the purpose of peer review, thereby, improving the quality of patient safety. The purpose of the Patient Safety Report is to notify Risk Management of all occurrences which impact on patient safety with actual or potential injury to patients

II. POLICY:

All information transmitted through Patient Safety Reports is confidential communication. It is used for the purposes of peer review, evaluation and improvement of patient care, furtherance of medical research, reduction of morbidity and mortality, and other purposes directly related to the maintenance of quality care.

III. PROCEDURE:

All Provident Hospital of Cook County personnel, attending physicians, and physician-residents involved in, witnessing or first discovering a reportable patient safety occurrence shall:

- A. Promptly initiate a Patient Safety Report form (Appendix II). Reports should be forwarded to Risk Management within 24-48 hours.
- B. Use the 24 hour telephone system to immediately notify Risk Management of any occurrence involving serious injury to a patient; (Extension 21379 or pager 312 689-0108); notify via the Hospital Operator the House Administrator, Chief Operating Officer, Chief Medical Officer, Chief Nursing Officer, Senior Administrator-on-call and the Quality Director.
- C. Notify Security of all occurrences involving a patients' damaged or missing property or physical injury (non-medical).

NOTE: When a physician or resident initiates a Patient Safety Report form, he/she must notify: his/her department chair; and the patient's attending physician.

Review Date Initials	3/96	10/98	2/07						
	JC	JC	JD						
Revision Date Initials	8/96	4/00	2/01	2/03	2/04	2/08	4/09		
	JC	JC	PS	JDC	AV	JDC	JDC		

- D. Do not make copies of the Patient Safety Report form under any circumstances.
- E. Do not place report or copies of the report form in the patient's medical record or employee's Human Resources file.
- F. Maintain the confidentiality of the information:
 - 1. Enclose the Patient Safety Report form in a sealed envelope, or place in Patient Care Report Box outside suite 3019.
 - 2. Do not discuss the occurrence, except with supervisory staff.
- G. Do not document in the medical record that a Patient Safety Report was completed.
- H. Report the occurrence to immediate supervisor or Department Chair. Initiate a Patient Safety Report form. Submit the report to the immediate supervisor or department Chair for review and signature.
- I. If the occurrence causes or may potentially cause an adverse effect to the patient, notify the patient's attending physician immediately..

J. Most Immediate Supervisor, Department Chair, or Person Reporting the Occurrence:

- 1.) If the occurrence causes or may potentially have an adverse effect on the patient, ensure that the patient's Attending physician has been notified.
- 2.) If a serious injury is involved, ensure that Risk Management has been notified using the 24 hour telephone system (Extension 21379, or pager 312-689-0108) Refer to policies **01-01-71-"Root Cause Analysis(Sentinel Events)"** and **01-01-77-"Disclosure of Unanticipated Outcomes"**.
- 3.) Ensure that the Patient Safety Report form is completed and is signed by the person initiating the report.
- 4.) Submit all Patient Safety Report forms in an envelope to the Risk Management Office or deposit it in the "Patient Care Reports" box on 3rd floor within 24 hours of the occurrence.

K. Physician Examining Patient:

- 1.) Document on the Patient Safety Report form and in the progress notes of the patient's medical record all medical findings, untoward results, and the time and date that the patient was actually examined. State findings as objectively as possible.
- 2.) Immediately report any significant untoward results, such as a patient death or serious bodily injury, directly to the House Administrator and Risk Management.
- 3.) Do not document in the medical record that a Patient Safety Report form was completed.

L. Patient Safety Committee:

Review and analyze data generated from the Patient Safety Report reporting system for the purpose of:

- 1.) Evaluating specific events which require follow-up.
- 2.) Identifying underlying causative factors and trends.
- 3.) Making recommendations to prevent, eliminate, reduce frequency of future occurrences while improving the quality of patient care
- 4.) Providing Administrative, Medical, Nursing and Ancillary staff with current information.
- 5.) Provide oversight of Clinical peer review process as it relates to patient safety occurrence issues.
- 6.) Report significant occurrences and trends to the Clinical Departments and Hospital-wide Quality and Performance Improvement Committee.

M. Administrative Staff, Clinical Department Chairs, Directors and Department Heads:

- 1.) Assure that the Patient Safety Report system is implemented within own areas of responsibility.
- 2.) Communicate difficulties with the system to the Patient Safety Committee.
- 3.) Follow-up and respond as appropriate.

N. The focus of Patient Safety Reporting is quality improvement not punishment. PHCC encourages the reporting of potentially adverse occurrences to Risk Management as a means to assess and improve the process for providing a safe environment for patient care. The purpose is to learn about causes of occurrences and to enhance the system to reduce potentially adverse outcomes. Participation by staff in the detection, identification of and reporting of systems/processes based causes are designed to reduce reduced outcomes.

DEFINITIONS:

For the purposes of this policy, reportable patient safety occurrences under the circumstances outlined in this policy are defined as events which:

- A. Involve either injury or potential for injury to a patient.
- B. Where the cause of such injury or such potential injury is not consistent with the regular progression of the patient's care.
- C. Have created or have the potential to create an adverse affect on patient care.
- D. Involve a patient claiming injury or debilitation.
- E. Are revealed or made known by visitors or employees to hospital personnel, effecting patient care.
- F. Involve a patient claiming damaged or lost personal property.



Provident Hospital of Cook County
Patient Safety Report

Policy # 04-03-04
Appendix II

Privileged under the Illinois Medical Studies Act
Confidential: Used for Evaluating Patient Care
Do Not Copy or Place in Medical Record

DATE	TIME OF OCCURRENCE	IMPRINT PLATE DEMOGRAPHICS
ATTENDING PHYSICIAN	CLINICAL SERVICE	
ADMITTING DIAGNOSIS		

INPATIENT OUTPATIENT ED

LOCATION OF OCCURRRANCE _____

TYPE OF OCCURRENCE:

- AMA
- PATIENT ABSCONDED

ED RELATED:

- DEATH IN THE ED
- PATIENT ARRIVES DOA AFTER DISCHARGE FROM THE HOSPITAL OR ED
- RETURN TO THE ED WITHIN 72 HOURS
- OTHER _____

INTUBATION RELATED:

- INTUBATION RESULTING IN INJURY
- TOOTH OR PROSTHETIC DAMAGE
- TRAUMA TO FACE, LIPS, FX OR DISLOCATION TO MANDIBLE DURING INTUBATION
- UNPLANNED INTUBATION/REINTUBATION
- OTHER _____

MATERNAL/CHILD RELATED:

- APGAR LESS THAN 5 AT 10 MINUTES
- INFANT INJURY
- INFANT TRANSFERRED TO SCN
- MATERNAL/INFANT DEATH
- MATERNAL TRANSFER TO ICU
- OTHER _____

MEDICATION RELATED:

- ADMINISTERED TO PATIENT WITH KNOWN ALLERGY
- IV INFILTRATE
- NARCOTIC COUNT DISCREPANCY
- WRONG DOSE
- WRONG ROUTE
- OTHER

TYPE OF OCCURRENCE:

SURGERY RELATED:

- DISCREPANCIES BETWEEN PRE&POST OPERATIVE DIAGNOSIS
- IMPROPER PERFORMANCE TECHNIQUE
- INCORRECT SPONGE OR INSTRUMENT COUNT
- LACERATION, TEAR, PUNCTURE OF ORGAN OR BODY PART
- REMOVAL OF FOREIGN BODY LEFT IN OPERATIVE SITE
- UNPLANNED RETURN TO SURGERY
- UNPLANNED RETURN TO RECOVERY ROOM
- WRONG BODY PART OR ORGAN REMOVED
- WRONG PATIENT OPERATED ON
- OTHER _____

OTHER:

- ASSAULT BY STAFF/PATIENT/VISITOR
- COMPLICATION RESULTING IN INJURY
- CONSENT INAPPROPRIATE
- CONSENT MISSING
- CONTAMINATION/EXPOSURE
- DELAYED TX/PROCEDURE
- EQUIPMENT MALFUNCTION, MISUSE, DAMAGED OR UNAVAILABLE
- IMPROPERLY COLLECTED SPECIMEN
- MISLABELED SPECIMEN
- OMITTED TX/PROCEDURE
- PATIENT'S PERSONAL ARTICLES LOST, STOLEN OR DAMAGED
- PATIENT REFUSED TX PROCEDURE
- POLICY/PROCEDURE NOT FOLLOWED
- UNORDERED TX/PROCEDURE

FALLS:

- FOUND ON FLOOR
- WHILE AMBULATING
- WHILE BEING ASSISTED
- WHILE IN BED
- WHILE ON FALL PRECAUTIONS
- WHILE RESTRAINED

ADDITIONAL INFORMATION

PATIENT SAFETY REPORT

DESCRIPTION OF THE EVENT:

PATIENT CONDITION PRIOR TO OCCURRENCE:

- ALERT STABLE CONFUSED COMA SEMI-CONSCIOUS COMBATIVE

TO BE COMPLETED BY EXAMINING PHYSICIAN

PHYSICIAN EXAMINED PATIENT YES NO PATIENT REFUSED NOT NECESSARY

SEVERITY OF INJURY (SELECT ONE) NO APPARENT INJURY MAJOR INJURY
 MINOR INJURY DEATH

DESCRIPTION OF INJURY

X-RAY TAKEN YES NO REFUSED

SIGNATURE OF EXAMINING PHYSICIAN (S) _____

PERSON REPORTING _____ **TITLE** _____ **PHONE/EXT** _____

SUPERVISOR _____ **PHONE EXTENSION** _____

RISK MANAGEMENT MUST BE NOTIFIED IMMEDIATELY OF ALL PATIENT CARE INCIDENTS INVOLVING SERIOUS INURY.

**PLEASE CALL EXTENSION 2-1379 OR PAGE (312) 689-0108
FORWARD TO RISK MANAGEMENT OR DEPOSIT IN PATIENT CARE REPORT BOX ON THIRD FLOOR.**

DO NOT MAKE COPIES

INITIALS - RECEIVED BY RISK MANAGEMENT OFFICE _____

PROVIDENT HOSPITAL OF COOK COUNTY

Activity: Quality Services Department: Risk Management	Page: <u>1</u> of <u>2</u>
Subject: SERVICE OF HOSPITAL PERSONNEL AND IN-PATIENTS WITH SUBPOENA, SUMMONS AND COMPLAINT	Policy Number: 04-03-05; Appendix I
Approved by: Aaron Hamb, M.D., Chief Medical Officer <i>Aaron Hamb</i> Stephanie Wright-Griggs, Chief Operating Officer <i>Stephanie Wright-Griggs</i>	Policy Distribution: Activity: () Department: () Hospital-wide: (X)
Effective Date: March 31, 1993	

PURPOSE:

To ensure coordination of subpoena and summons, presented at Provident Hospital of Cook County.

POLICY:

All U.S. Marshals, County Sheriffs and Court appointed Process Servers attempting to serve a subpoena or summons shall present themselves to the Risk Manager, Monday through Friday. 10:00 a.m. 4:00 p.m.

No U.S. Marshals, County Sheriffs or Court Appointed Process Servers will be permitted to serve any subpoena or summons on Provident Hospital of Cook County property at any time or in any manner other than as specifically stated herein.

DEFINITIONS:

- A. Subpoena: A subpoena is a command to appear at a certain matter. A subpoena may require oral testimony and/or the production of documents.
- B. Summons: A summons is a document used to commence a civil action or proceeding and is a means of acquiring jurisdiction over a party. A summons is served upon a defendant together with a complaint.

II. SUBPOENA:

Only those subpoena related to hospital affairs will be accepted by the Risk Manager. Employees will be requested to pick up their subpoena in the Risk Management Office.

Review Date Initials	3/96	3/99	<i>4/05</i>						
	JDC	JDC	<i>AV</i>						
Revision Date Initials	4/02								
	JDC								

III. Summons:

- A. Medical Malpractice - Provident Hospital of Cook County will not accept any summons directed to any medical professional in any medical malpractice case naming that medical professional as a defendant or third party defendant.
- B. Wage Assignment - Summons in a wage assignment action will be accepted by the Risk Manager and forwarded to the Human Resource Department for proper action.
- C. All Other Cases - Where a PHCC employee is named as a defendant in a hospital related action, other than a medical malpractice action, the employee will be requested to accept personal service of such summons in the Office of the Risk Manager.
- D. Service on Patients - The only summons which may be served on patients while they are at PHCC are guardianship summons. For guardianship summons, the server will be escorted to the patient area for personal service by the Risk Manager or designee.

IV. Service by Mail:

Illinois law provides that a defendant may voluntarily waive formal service of process by accepting service of summons by mail. Any hospital employee who voluntarily accepts service of summons by mail in any lawsuit or action involving PHCC or in any medical malpractice action alleging negligence by or on behalf of PHCC or its employees must advise the Hospital Risk Manager immediately that he/she was served with a Summons and Complaint. The employee must also forward to the Risk Manager a copy of the Summons and Complaint received within five (5) days of service.

V. Personal Service:

For hospital related lawsuits, any hospital employee who accepts service of summons anywhere other than on hospital premises must advise the Hospital Risk Manager immediately that he/she was served with a Summons and Complaint and must forward a copy of that Summons and Complaint to the Risk Manager within five (5) days of service.

PROVIDENT HOSPITAL OF COOK COUNTY
SIGNATURE SHEET

Policy Number : 04-03-05
APPENDIX I
Page 1 of 1

Policy Title: Service of Hospital Personnel and In-Patients with Subpoena and Summons and Complaint

Department: Risk Management

Date Reviewed _____

This is to verify that the above named policy was read and understood by me:

1. _____
Name Date Read
2. _____
Name Date Read
3. _____
Name Date Read
4. _____
Name Date Read
5. _____
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Name Date Read
13. _____
Name Date Read
14. _____
Name Date Read
15. _____
Name Date Read

This form must be returned to Risk Management Services



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS**

Infection control Hand Hygiene

Welcome

- Following is the yearly Infection Control update
- You will be asked a series of questions for which you need to answer correctly to go on.
- After the question is a series of informational slides pertaining to the question. You can read some or all of the slides depending on your comfort with the subject before moving on to the next question.
- Once you have completed all of the questions, you should print out 2 certificates. Give one to your supervisor and keep the other for your own records
- Questions and comments about the content of this learning module can be directed to 312-572-2363 or JPULVIRENTI@provcc.org

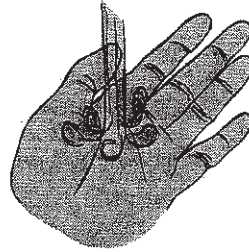
Panel

INSTRUCTIONS

- Welcome, you are about to participate in an infection control educational module.
- This module contains questions and information pertaining to the questions.
- You must answer every question correctly to complete this module and receive your certificate.
- You will be asked to answer a question again if answered incorrectly or not answered at all. There is no time limit.
- You will be asked for your identifying information at the end of the session so that you can receive credit for taking this module.
- If you have questions about any of the information contained in this educational module please call Infectious Diseases Division at (312)572-2363.
- Click the image button below to start and enjoy

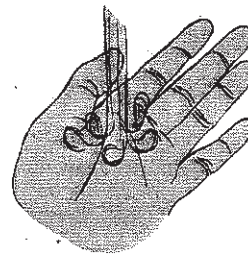
Hand hygiene must occur when performing the following activities:

- Before and after contact with a patient
- Before performing an invasive procedure
- After taking a patient's vital signs
- After touching the patient's environment
- All of the above



Hand hygiene must occur when performing the following activities:

- Before and after contact with a patient
- Before performing an invasive procedure
- After taking a patient's vital signs
- After touching the patient's environment
- All of the above



Hand Hygiene



Hand Hygiene Is Not Optional and Must Be Performed

- Before and After ALL Patient or Environmental Contact
- Before All Invasive Procedures
- Before and After Glove Use

What are the techniques for hand hygiene?

Soap Water:

- wash hands with water
- apply amount of soap
- rub hands/fingers together vigorously for at least 15 sec.
- rinse with water & dry thoroughly with disposable paper towel
- use towel to turn off the faucet
- use for hands that are grossly contaminated or when caring for patients with *C. difficile*

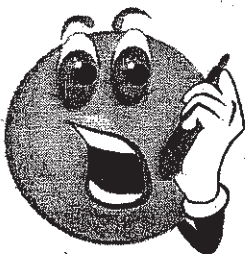
Alcohol-based hand rub:

- apply product to palm of one hand, rub hands & fingers together until dry

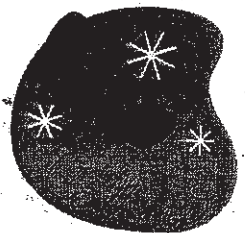
Nail Hygiene

- Cannot wear artificial fingernails or extenders when providing patient care
- Keep natural nails to <1/4 inch long,
- Keep nails clean and healthy

Problems/issues regarding alcohol-based gel dispensers?



- If broken call- 21102



- If empty call- 21002

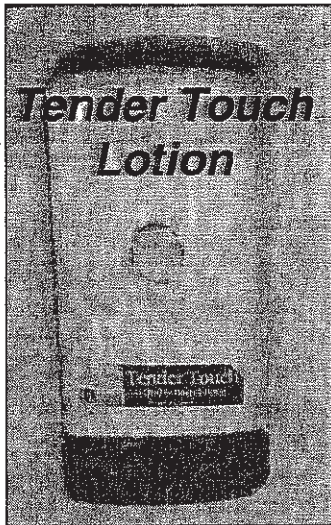
To relieve dryness of hands in the hospital, HCWs should:

- Use personal bottle of lotion brought from home
- Use any lotion or moisturizer found on the unit
- Use only lotion supplied by the hospital

To relieve dryness of hands in the hospital, HCWs should:

- Use personal bottle of lotion brought from home
- Use any lotion or moisturizer found on the unit
- Use only lotion supplied by the hospital

The story on moisturizers and lotions...



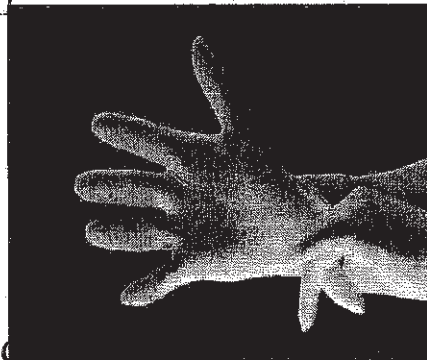
ONLY USE Hospital-approved and supplied lotions

Because:

- Some lotions make medicated soaps less effective
- Some lotions cause breakdown of latex gloves
- Lotions can become contaminated with bacteria if dispensers are refilled (do not refill lotion dispensers)

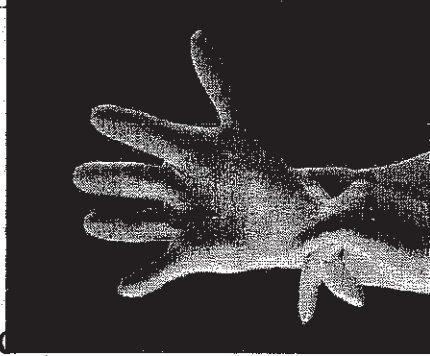
What is the primary reason that *you* wear gloves?

- Self-protection from germs in the hospital
- Protection of patients from infectious agents
- So I don't have to wash my hands as often
- To prevent contact with blood
- Because hospital policy requires it



What is the primary reason that *you* wear gloves?

- Self-protection from germs in the hospital
- Protection of patients from infectious agents
- So I don't have to wash my hands as often
- To prevent contact with blood
- Because hospital policy requires it



What Benefits Do Gloves Provide?

- Reduction of hand contamination by as much as 70-80%
 - Prevention of cross-infection
 - Protection from infection
- Gloves need to be changed between patients
and
Hands should be cleansed IMMEDIATELY after glove removal!

Examples of Personal Protective Equipment (PPE) and Engineering Controls

PPE

- Gowns
- Gloves
- Eye/Face Protection
- Masks

Engineering Controls

- Sharps Containers
- Centrifuge covers/splash shields
- Needleless or blunt cannula systems
- Sharps with engineered sharp injury protection

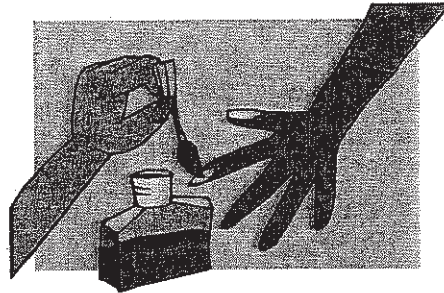
Use of artificial nails by healthcare workers pose no risk to patients.

- Yes
- No
- Who cares, they look good

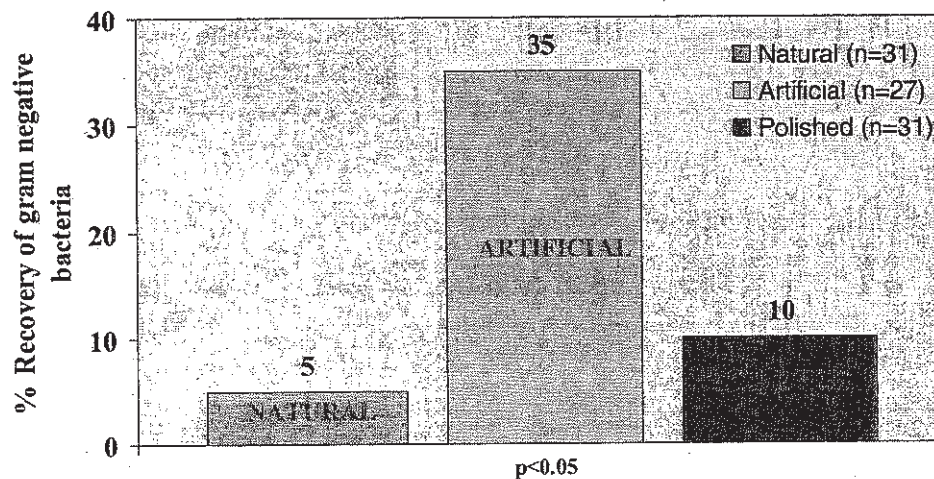


Use of artificial nails by healthcare workers pose no risk to patients.

- Yes
- No
- Who cares, they look good



Fashion Statements Can Harm the Patient



Avoid wearing artificial nails. Keep natural nails <math>< 1/4</math> inch if caring for patients.

Artificial Nails and Adverse Patient Outcomes

Outbreak of Pseudomonas aeruginosa in a neonatal intensive care unit - Moolenaar RL et al, Infect Control Hosp Epidemiol 21(2):80, 2000

- Association with RN wearing artificial nails
- 16 Deaths

Candida Osteomyelitis and Diskitis after Spinal Surgery – Parry et al, Clinical Infectious Diseases 32:352-7, 2001

- Association with OR Tech wearing artificial nails
- 3 cases

Standard Precautions include the following:

- Gloves when handling blood/body fluids
- Gown, mask and eye protection when a splash/spray is anticipated
- Replacing sharps containers when they are $\frac{3}{4}$ full
- All of the above

Safe Work Practices



- Eating, drinking, applying cosmetics or manipulating contact lenses should be performed **ONLY** in areas where there is **NO** risk for contact with blood/body fluids
- Do not place food in the same refrigerator as patient medications and obviously not in the same refrigerator as stored specimens



(Occupational Safety and Health Administration)

The following pathogens require Contact Precautions:

- Clostridium difficile
- MRSA (Methicillin Resistant *Staphylococcus aureus*)
- VRE (Vancomycin Resistant Enterococcus)
- Rotavirus
- All of the above

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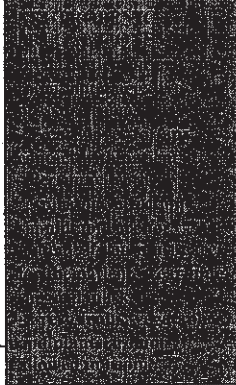




Which is not a transmission based precaution in our hospital

- Contact precautions
- Airborne precautions
- Droplet precautions
- Neutropenic precautions
- Strict Infection Control precautions

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PROVIDENT HOSPITAL OF COOK COUNTY ISOLATION SIGNAGE
 ALL VISITORS MUST REPORT TO NURSES' STATION BEFORE ENTERING
 STANDARD PRECAUTIONS PLUS

<p>CONTACT PRECAUTIONS</p> <ul style="list-style-type: none"> - gown required - gloves required - private room required - cohort only w/ infection control approval - use dedicated equipment - disinfect surfaces daily - avoid transporting patient out of room <p>FOR PATIENTS WITH C. DIFFICILE</p> <ul style="list-style-type: none"> -wash hands w/ soap and water 	<p>AIRBORNE PRECAUTIONS</p> <ul style="list-style-type: none"> - N 95 Mask required - Private negative pressure room required - Keep doors tightly closed - Avoid transporting patient if possible - Surgical mask on patient requiring transportation <p>CHICKEN POX/MEASLES PRECAUTIONS</p> <p>If immune care givers available do not enter room unless you have</p> <ul style="list-style-type: none"> -history of chicken pox/measles or -laboratory documented immunity <p>transport for chicken pox requires all lesions to be covered</p>	<p>DROPLET PRECAUTIONS</p> <ul style="list-style-type: none"> - Surgical mask required if within 3 feet of patient - Private room required - Avoid transporting patient out of room but if necessary place surgical mask on patient 	
			

PERFORM HAND HYGIENE AFTER ALL CONTACTS WITH PATIENTS OR ENVIRONMENT AND AFTER REMOVING GLOVES

PLACE X IN BOX (WITH INK PEN) INDICATING TYPE OF PRECAUTIONS

Patients colonized or infected with MRSA require contact precautions. Which of the following must a healthcare worker do to prevent transmission?

- Perform hand hygiene before and after patient or environmental contact.
- Wear gown and gloves before entering the room.
- Remove gown and gloves before leaving the room.
- All of the above.

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- Remove gown and gloves before leaving the room.
- All of the above.

Contact Precautions

- To prevent the spread of infections transmitted by contact of hand or body with infected patient or environment
- Place patients in contact precautions in single room if possible
- **Don gloves and gowns upon entry to patient room and remove upon exiting the room**
- Use of soap and water instead of ETOH hand sanitizers in cases of *C. difficile*
- Bleach containing detergent is preferable to other cleaners when disinfecting a room of a patients with *C. difficile*

Transporting Patient in Contact Precautions

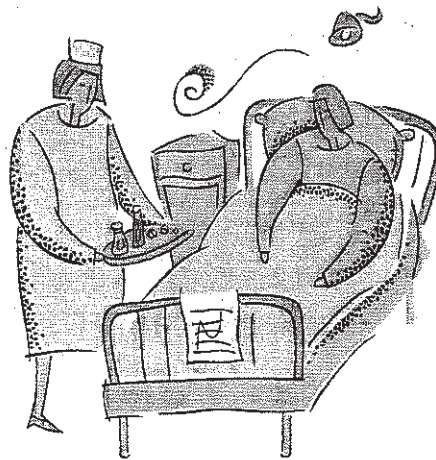
- Prior to transport, cover infected area of patient in clean linen and or bandage
- Transfer patient to gurney wearing gloves and gowns but remove and perform hand hygiene after transfer
- Transporters to not wear gloves or gowns when transporting patient but to have extra gown and pair of gloves in case there is the need to touch the patient or environment
- Upon arrival to destination, transfer patient to destination gurney or equipment wearing gowns and gloves

MRSA/MDRO Legislation

- **MRSA-stands for Methicillin (Oxacillin)-Resistant *Staphylococcus aureus*.**
 - Staphylococcus aureus* is a bacteria found on the skin or in noses of healthy people.
 - MRSA is a type of *Staphylococcus aureus* infection that is resistant to antibiotics making it more difficult to treat.
- **Public Act 095-0312-MRSA Screening and Reporting Act**
 - requires active surveillance testing for MRSA of all patients in intensive care units and other at-risk patients.
 - requires isolation of MRSA-colonized or infected patients.
 - requires monitoring and strict enforcement of hand hygiene.
 - requires reporting of the total number of MRSA infections.
- **Public 095-0282- Section 10.5 -Prevention and Control of Multidrug-Resistant Organisms (MDRO)**
 - requires facilities to implement comprehensive interventions to prevent and control and report multidrug-resistant organisms.
 - requires enforcement of hand hygiene requirements.

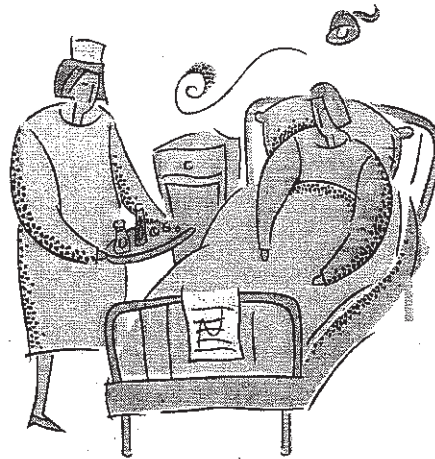
When placing a hand on a patient's bedside table, the hand can be contaminated with a multi-drug resistant organism e.g. MRSA, C-difficile, or VRE.

- True
- False



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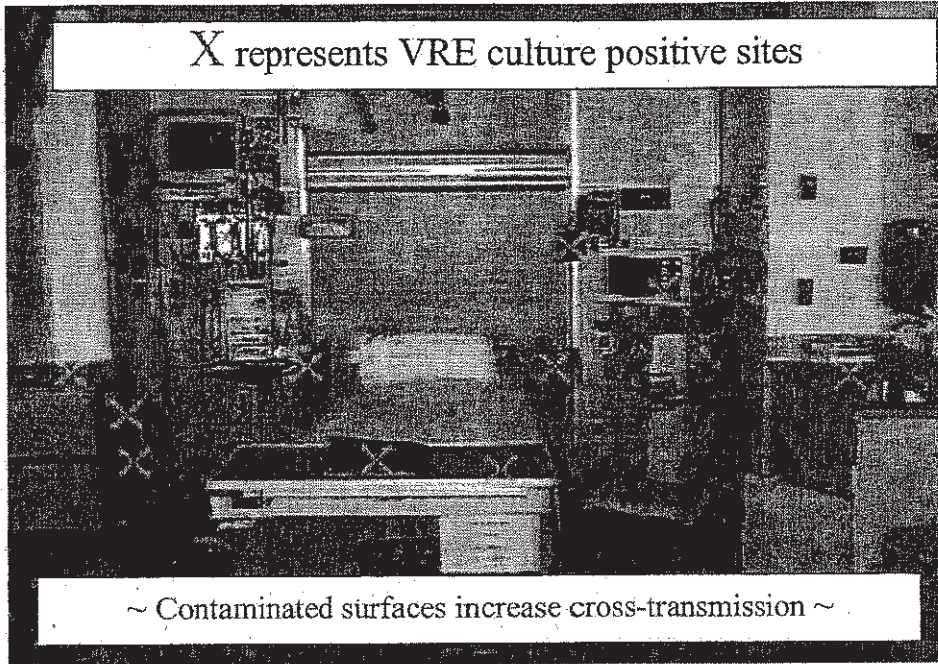
Recovery of VRE from Hands and Environmental Surfaces

- Up to 41% of HCWs hands sampled (after patient care and before hand hygiene) were positive for VRE¹
- VRE recovered from a number of environmental surfaces in patient rooms
- VRE survived on a countertop for up to 7 days²

¹ Hayden, *Clinical Infectious Diseases* 2000;31:1058-65

² Noskin, *Infection Control and Hospital Epidemiology* 1995;16:577-581

The Inanimate Environment Can Facilitate Transmission



MK Hayden, The Risk of Hand and Glove Contamination after Contact with a VRE (+) Patient Environment. ICAAC 2001.

Airborne Pathogens
Germs that can be spread
through the air



Which of the following diseases require Airborne Isolation?

- TB
- Measles
- Chickenpox
- Smallpox
- SARS
- All of the above

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Types of Respiratory Isolation

Type of isolation	Definition	Patient placement	Employee protection	Examples of organisms
Airborne	Organism transmitted by respiratory droplet nuclei (<0.5 um in size)	1- Negative pressure isolation room 2- Outside of room place surgical mask on patient	N-95 mask when entering patient room	TB Measles Chickenpox
Droplet	Organisms transmitted by respiratory droplets >0.5 um in size	1- Single bed room 2- Neg pressure not necessary 3- Outside of room, patient to wear surgical mask	Surgical mask when within 3 feet of patient and patient not wearing a mask	Influenza Mumps Rubella Parvovirus Pneumonic plague Meningococcus H. Flu Adenovirus Strep pharyngitis Diphtheria

Which patient symptoms would make you suspect pulmonary tuberculosis?

- Chronic cough (> 2 weeks)
- History of TB exposure
- Unexplained weight loss (e.g., 20 lbs in 4 months)
- History of a positive TB skin test
- All of the above

Which patient symptoms would make you suspect pulmonary tuberculosis?

- Chronic cough (> 2 weeks)
- History of TB exposure
- Unexplained weight loss (e.g., 20 lbs in 4 months)
- History of a positive TB skin test.
- All of the above

Signs and Symptoms of Tuberculosis

- Cough
 - Bloody Sputum
 - Fever
 - Chills
 - Night Sweats
 - Loss of Appetite
 - Unintentional Weight Loss
 - Easy Fatigability
 - Abnormal Chest X-ray
-
- It is the responsibility of the triage nurse in the ED to screen all patients for the above symptoms. Patients with 2 or more of the above should have a surgical mask placed on them and have an expedited CXR. They can also be placed in the negative pressure isolation room if available

Ruling Out TB

Sputum Specimen Collection

- Must have at least 3 consecutive sputum specimen collected in 8-24 hours interval.
- At least 1 sputum must be an early morning specimen.
- Sputum specimen must be collected in an Airborne Infection Isolation (AII) Room or Sputum Induction Booth.

What should a HCW do before entering the room of a patient in Airborne precautions?

- Wear an N95 respirator and keep for repeated use
- Wear a surgical mask
- Keep door propped open to let fresh air in
- Wear an N95 mask and discard after one use

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Positive Air Purifying Respirators (PAPRs)

- **Composed of a hood and oxygen power pack**
- **For HCWs who cannot wear or fail fit testing for N-95 respirators; Fit testing is performed by nursing, security and employee health upon beginning of employment.**
- **N-95 respirators come in small and regular sizes**
- **PAPR hoods are available at employee health during regular work hours and the hospital administrator after regular work hours, weekends and holidays**
- **PAPR power units are available on**
 - **8West (Room 8071 B-W)**
 - **8 East (room 8004D-E)**
 - **Emergency room- doctor's area**
 - **CCU south and CCU north (rooms 3029 G-W and 3028 O-W)**
 - **the OR- room 3012 A-E.**

When transporting a TB patient on an elevator, the following persons should be masked:

- Patient transporter
- Patient
- Both transporter and patient
- Everyone BUT the transporter and the patient

When transporting a TB patient on an elevator, the following persons should be masked:


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RESPIRATORY ETIQUETTE






- For patients coming in to the ED, outpatient pharmacy, hospital waiting rooms or other contact points between the community and the hospital
- Purpose: To prevent spread of respiratory illnesses like colds and flu which are spread by coughing, sneezing and soiled hands
- *Instructions to patients who are Coughing and/or Sneezing*
- Cover your nose and mouth when sneezing or coughing
- Cough or sneeze into a tissues and throw tissue away after use
- Clean hands with either soap and water or alcohol hand rub after coughing and/or sneezing
- *Patients who are continually coughing or sneezing may be asked to wear a blue surgical mask*

****ATTENTION****



**STOP THE SPREAD OF GERMS
THAT MAKE PEOPLE SICK:**



Respiratory illnesses like colds, flu and SARS are spread
by coughing, sneezing and unclean hands.

1. Cover your nose and mouth when you sneeze or cough. Cough or sneeze into a tissue such as a Kleenex® and throw it away in a wastebasket. 
2. After sneezing or coughing, clean your hands with soap and water or alcohol hand rub. 
3. To protect others from getting your germs, you may be asked to wear a mask if you are coughing or sneezing. 
4. Wash your hands frequently. Keeping your hands clean is the number one thing you can do to avoid spreading germs! 
5. Do not share eating utensils, drinking cups, water bottles, towels or other personal items including lip balm, lipstick, toothbrushes, etc. 

Kleenex is a Registered Trademark of Kimberly-Clark Worldwide, Inc.

 Health Department John M. Krueger, D.O. Director Clark County Health Department	 Clark County Health Department Donald R. Whittle, M.D. Chief Clark County Health Department	We Bring REASSURANCE to Your Community
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ASSISTANTS
Anesthesiology & Community Health Services of Clark County • General Health Services of Clark County
Health Care Center • Clark County Health Department • Clark County Hospital • Clark County Jail • Clark County Sheriff's Office
Clark County Health Department • Clark County Hospital • Clark County Jail • Clark County Sheriff's Office

We apply a tuberculin skin test to HCWs every 12 months in order to:

- Place PPD positive HCWs in isolation
- Initiate treatment for active TB disease
- Identify converters with latent TB infection & evaluate for active disease
- Help HCWs overcome their fear of needles

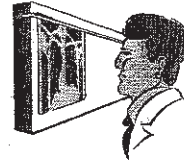
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Medical Evaluation Following a Positive Tuberculin Skin Test

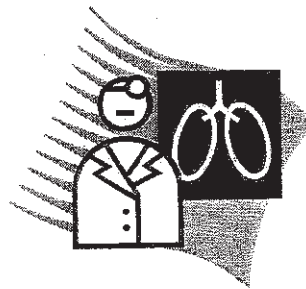
The medical evaluation is performed by the Employee Health Service and may include the following:

- Health Evaluation
- Chest X-Ray
- Sputum cultures
- Medication



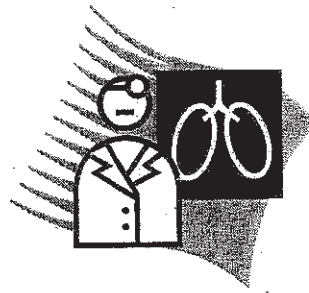
From 1997 to 2007, the number of TB cases seen at Provident Hospital has:

- Increased
- Decreased
- Remained about the same

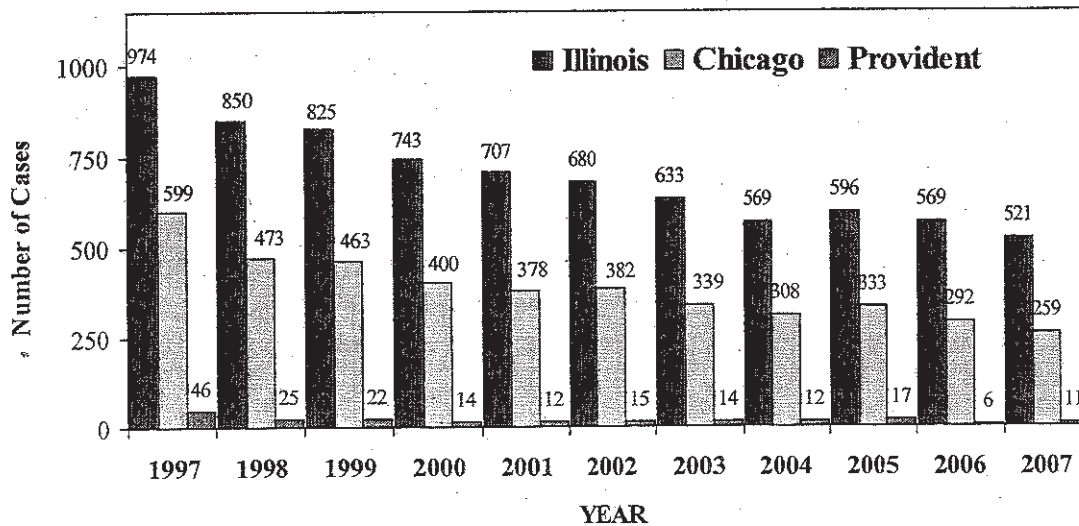


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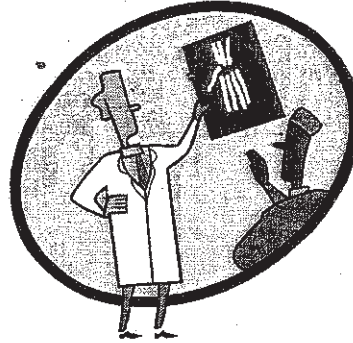


Tuberculosis Cases in Illinois, the City of Chicago and Provident Hospital 1997 – 2007



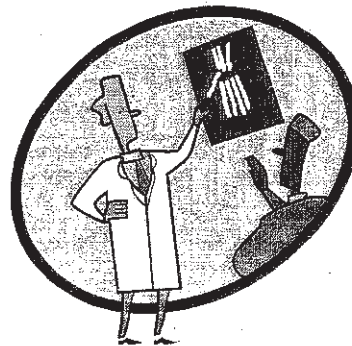
Healthcare workers are considered at high risk and should receive Influenza vaccine on an annual basis.

- True
- False



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Healthcare Workers and Influenza Vaccine

- The Advisory Committee on Immunizations recommends annual Influenza immunization for healthcare workers.
- A 2002 CDC survey determined that only 38% of healthcare workers were vaccinated
- PHCC vaccination rate at PHCC have ranged from 11-22% over the last 4 years
- Influenza vaccination of healthcare workers has been associated with reduced work absenteeism and fewer deaths among nursing home patients
- Influenza outbreaks in hospitals have resulted from low vaccination rates among healthcare providers.
- Some hospitals are mandating that HCW be vaccinated for influenza as a term of employment

1

During the 2007-2008 flu season (last did you receive flu vaccine?

1. **If yes**

- At a PHCC site
- At a non-PHCC site

2. **If no**

- Due to medical reasons
- Due to non-medical reasons



During the 2007-2008 flu season (last did you receive flu vaccine?)

1. If yes

- At a PHCC site
- At a non-PHCC site

2. If no

- Due to medical reasons
- Due to non-medical reasons



Protect Yourself – Protect Others Get Your Flu Shot!

- **Influenza Vaccine**
 - ✓ Influenza vaccination can prevent you from giving the flu to your patients, your colleagues and your family.
 - ✓ It prevents illness in 70-90% of healthy adults under 65 when the vaccine and the circulating strain match.
- **Vaccinate Your Patients**
 - ✓ The flu vaccine is the best way to prevent influenza hospitalizations and death.
 - ✓ Influenza causes an average of 36,000 deaths and 200,000 hospitalizations per year in the U. S. (CDC data, September 2005)
- **Protect Your Community**
 - ✓ Promote the flu vaccine throughout the influenza season. October and November are the best months to vaccinate, but the vaccine can be given as early as September and can be given in December and throughout the flu season.

All Influenza is the Same

- True
- False



All Influenza is the Same

- True
- False



Avian Influenza (H5N1)

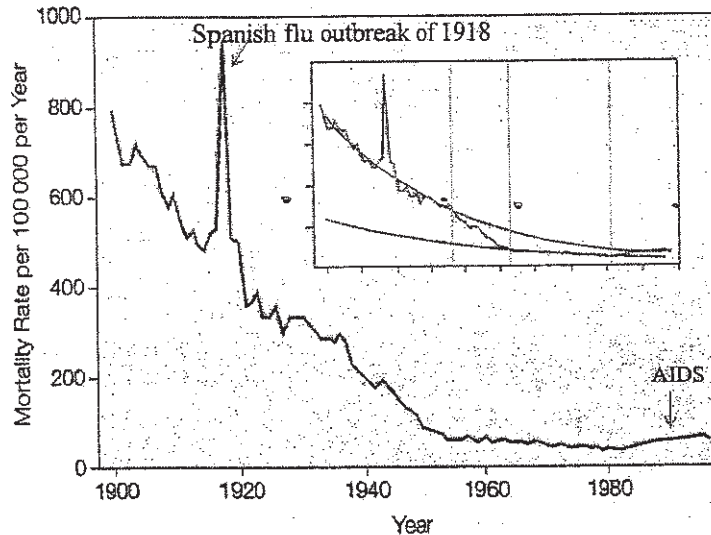


- Outbreaks have occurred in poultry since 1977 mostly in Asia.
- As of August 2006, there have been 241 laboratory confirmed human cases of avian influenza worldwide. Of those cases, 141 have died.
- There is concern that the virus will mutate in a way that allows it to spread from person to person.
- Early identification of all patients with respiratory symptoms will decrease the risk of transmission of all diseases that transmit through the air by droplets.

Flu Terms Defined

- **Seasonal** (or common) flu is a respiratory illness that can be transmitted person to person. Most people have some immunity and a vaccine is available.
- **Avian** (or bird) flu is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available.
- **Pandemic** flu is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread from person to person. Currently there is no pandemic flu.

US Infectious Disease Mortality: The Impact of Spanish Flu Outbreak of 1918

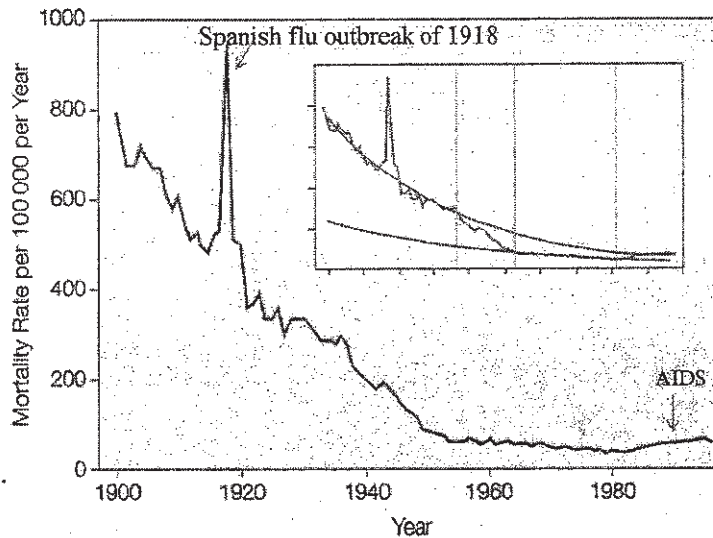


The Spanish Flu pandemic of 1918 had a much more deadly impact than the AIDS epidemic of the 1980's

Acute Infectious Respiratory Illness Protocol (AIRIP)

- Patients presenting with a fever and respiratory illness must be screened at the point of entry to care.
- They should be asked the following:
 - Do you have a new/worse cough or shortness of breath?
 - Are you feeling feverish or do you have a temperature?
- If the patient is symptomatic, they must be moved to a negative pressure isolation room when available or have a surgical mask placed on them.
- Upon entering the isolation room Staff must:
 - Wear an N95 respirator
 - Wear gloves if contacting the patient

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Armstrong JAMA
1999;281:61

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Which of the Following is Considered a Category A Bioterrorism Agent?

- Anthrax
- Botulism
- Plague
- Smallpox
- Tularemia
- Viral hemorrhagic fever
- All of the above

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Infection Control

<i>Disease</i>	<i>Patient Isolation Precautions</i>	<i>Laboratory Containment</i>
Smallpox	Airborne & Contact	Yes
Plague	Airborne & Droplet	Yes
VHF	Airborne & Contact	Yes
Anthrax	Standard	No
Botulism	Standard	No
Tularemia	Standard	Yes

Control of Transmission of Infectious Rash Illness

Patients presenting with a fever and a rash of unknown origin must be:

- Instructed to wear a surgical mask
- Triaged to a private negative pressure isolation room.

Staff must:

- Wear an N95 respirator, gloves and gown
- Follow Airborne and Contact Isolation Precautions

Bloodborne Pathogens



All on-the-job injuries/exposures involving blood or other potentially infectious materials should be reported to:

- The first physician encountered in your area or unit
- Your own primary care physician
- The Emergency Department
- Inform your Supervisor, then go to Employee Health Service during regular work hours (8am to 4pm) and the Emergency Department during off-shift hours (4pm to 8am)

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Factors Considered by EHS when Evaluating if Post Exposure Prophylaxis (PEP) is needed

Source Material

- Blood, body fluids, OPIM*, instruments

Type of Exposure

- Percutaneous, mucous membrane, or compromised skin

Volume

- Small/large, few drops/major splash

Severity

- Solid needle vs. large hollow-bore, deep puncture, visible blood on device

HIV status of source

- CD4 count, AIDS, viral load

*OPIM (Other Potentially Infectious Material): semen, vaginal, CSF, synovial, pleural, peritoneal, pericardial, amniotic, tissue

~ Report ALL Exposures in a timely manner ~

What is the single most effective measure to prevent Hepatitis B Virus (HBV) infection?

- Avoid blood and body fluid exposures
- Receive 2 doses of HB vaccine
- Receive 3 doses of HB vaccine
- Get tested for HBV antibody yearly
- Wear gloves for any anticipated contact with blood

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Comparative Risks of Bloodborne Pathogen Transmission from Percutaneous Injury (Rule of “3s”)



- HIV – 0.3%
- Hepatitis C – 3%
- Hepatitis B – 30%

Hepatitis B Carries Greatest Risk!

Healthcare Workers Who Have Been Infected With Bloodborne Pathogens

- Hepatitis B
 - Occupational infections have decreased by 95% since hepatitis B vaccine became available. Less than 400 cases occurred in 2001.
- Hepatitis C
 - The number of occupationally acquired cases is unknown. Studies have shown 1% of healthcare workers have evidence of infection, similar to general population.
- HIV
 - There have been 57 documented cases and 139 possible cases reported as of December 2001.

CDC data
December 11, 2003

The correct contact time for the surface disinfectant used (Quik cide RTU) at PHCC is:

- 1 minute
- 5 minutes
- 10 minutes
- I have no idea



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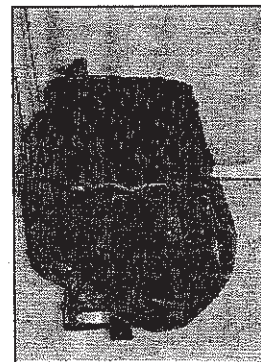
SURFACE DISINFECTION

Quik cide

- A quaternary ammonium (QUAT) product is used for surface disinfection throughout the hospital.
- The ready to use formulation available for use by all staff is Quik cide. We are currently phasing out the use of the old disinfectant (Asepticare TB+II)
- A one minute contact time is required in order to be effective (10 minutes for asepticare TB II)
- Wet the surface to be disinfected and allow to air dry for at least 1 minute.

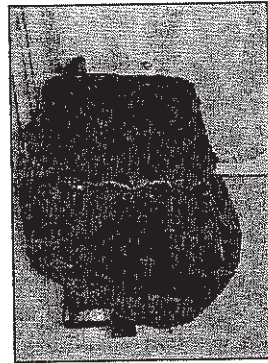
The following items should be placed in a red plastic bag for disposal:

- A used diaper or attends
- A blood soaked gauze
- A newspaper used by a patient on Airborne Precautions
- All of the above

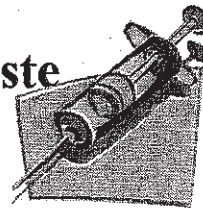
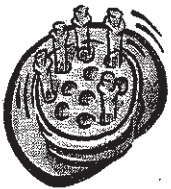


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Potentially Infectious Medical Waste



- All blood/body fluids, or disposable items contaminated with blood or body fluids that are not contained and may leak or drip
- All laboratory waste that has not been rendered non-infectious
- Contaminated sharps
- Biohazardous waste is much more costly to dispose of so only items contaminated with blood and body fluids should be disposed of here

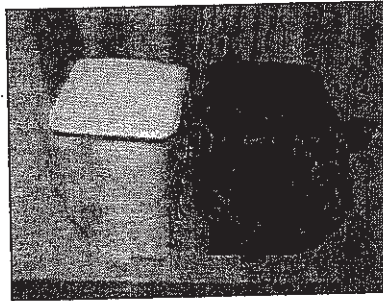
Think Before You Dispose of Waste

White

- Kleenex™
- Newspaper
- Wrap from a Sterile Tray
- IV Tubing without visible blood
- Disposable patient care items if not saturated or caked with blood/body fluids

Red

- Blood soaked gauze
- Blood bag and tubing
- Lab specimens and culture plates
- Bloody OR drapes



Point of Use Disposal

The sharps disposal container must be used for:

- Needles
- Blades
- Scalpels
- Any sharp object that might penetrate the trash bag

* Never place anything on top of the sharps disposal cabinet.

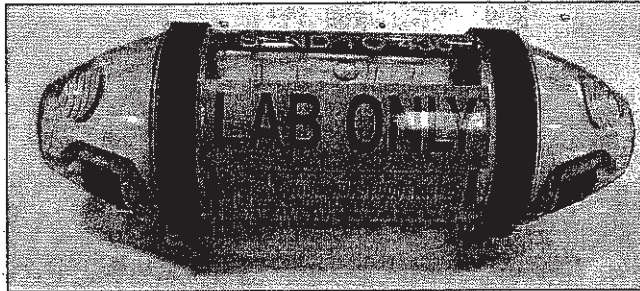
It may obstruct safe disposal and result in an exposure.

* Replace the sharps disposal liner when $\frac{3}{4}$ full and NEVER force a sharp into the liner.

* Always flush the sharp into the box after placing it on the disposal slot lip

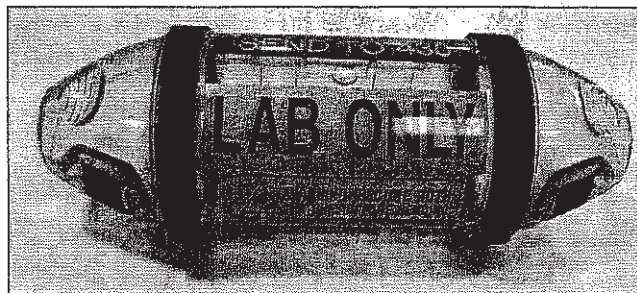
Laboratory specimens can be placed directly into the pneumatic tube for transportation to the lab.

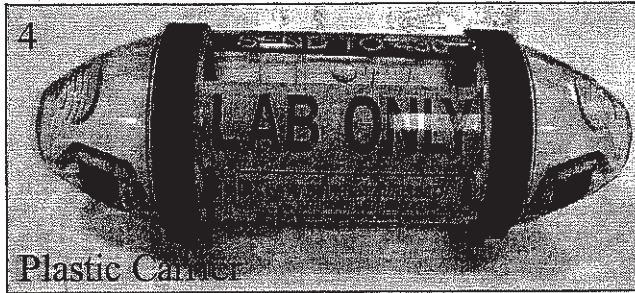
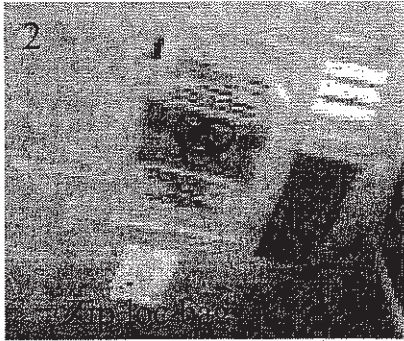
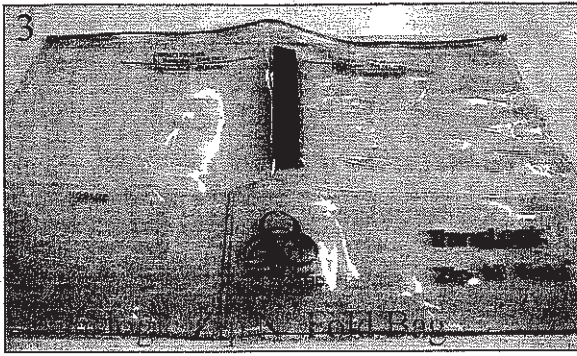
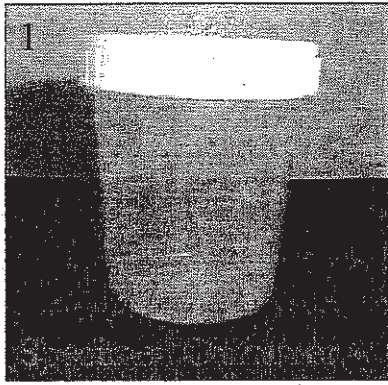
- True
- False



Laboratory specimens can be placed directly into the pneumatic tube for transportation to the lab.

- True
- False





How to Send Stuff- Lab Specimens

General Principles

- 1- Gloves must be worn when inserting and removing laboratory specimens from carriers.
- 2- Leakage is primarily due to:
 - Improper packaging and non-immobilization of contents
 - Use of non-leaktight containers or failure to tighten container lids
- 3- To prevent spillage or breakage, remember:
 - Containment prevents leakage
 - Immobilization ensures integrity

Sending Lab Specimens through the Pneumatic Tube system

- 1- Place specimens into leak proof container and close tightly
- 2- Place leak proof container into Zip loc bag and seal Zip loc bag tightly
- 3- Place Zip loc bag into a Zip N fold bag and seal tightly.
Also fold Zip N fold bag so that the velcro adheres
- 4- place Zip N Fold package into carrier which can be additionally cushioned with foam filler
- 5- Lab will return empty Zip N' Fold pouch to the carrier for distribution. If the carrier you receive does not have a Zip N' Fold pouch, contact the Lab to obtain one before sending additional specimens in that carrier.
- 6- *Zip N Fold bags are reusable while Zip loc bags should be discarded after use.*

Sending pharmaceuticals and paper work through the pneumatic tube system

- Pills or capsules that are individually packaged are considered in their own container and should be placed in a non labeled zip loc bag which is sealed
- Medications should also be secured in carrier with foam lining.
- DO NOT PLACE MEDICATIONS IN ZIP N FOLD BAG but leave the zip and fold bag in the container
- Paperwork can be placed directly in the carrier and does not require Zip lock nor Zip N Fold bags

Stuff that should not be sent through Pneumatic Tube System

Laboratory

1. 24 hour urines
2. Formalin and/or alcohol preserved specimens
3. Blood bags- empty or full
4. IV sets and IV solutions that have been implicated in a possible transfusion reaction
5. Unused spiked blood
6. Surgical specimens
7. Large volumes of body fluids
8. Blood or components used for transfusion

Pharmacy

1. Chemotherapeutic drugs
2. Narcotics/controlled drugs
3. Protein based drugs

Other

1. Drinks or food items
2. Contaminated supplies
3. Money/checks
4. Sharps
5. Patient valuables
6. Glass Objects

What to do if there is a spill

Note: Always wear gloves when handling carriers containing lab specimens.

If carrier is contaminated with spilled specimen

1. Stop sending carriers from the station
2. Call Engineering (2-1108) and report:
 - a. Receiving station's number
 - b. Sending station's number (if known)
 - c. Type of spill (specimen type and suspected amount)
 - d. Time the contaminated carrier arrived (or was first noticed)
 - e. Number of contaminated carriers that have arrived
3. Call sending unit and inform them that contaminated carrier has been received and specimen will be discarded
4. Engineering will shut down the Pneumatic Tube System
5. Engineering will notify the House Administrator (HA) of the spill (2- 2050).

Surgical Site Infection Prevention

- The Joint Commission National Patient safety Gal, 07.05.01 evidence based practices for the prevention of surgical site infections. These practices include
 - Do not use razors to remove excess hair, use hair clippers instead
 - Control blood glucose level for all post op patients
 - Use chlorhexidime bath prior to surgery when appropriate
 - Administer antibiotic prophylaxis in a timely basis (1 hour prior to surgical procedure for all antibiotics except for vancomycin and flouroquinolones (up to 2 hours before) and discontinue with 24 hours after surgery.



Prevention of Central Catheter Associated infections

- Upon placement of the catheter
 - Use an all inclusive central line kit or cart containing all of necessary components for placing a central venous catheter perform hand hygiene prior to the procedure
 - Personnel involved in the placement of the line should wear
 - Use a long body drape to cover the entire body drape to cover the entire body of the patient during the procedure
 - Prep the area using chlorhexidime based disinfectants for people > 2 months of age
 - Preferentially place the central line in on femoral sites
 - Complete the central line bundle checklist at the completion of the placement of the line



Prevention of Central Line Infections

- Maintaining the line
 - Ensure that the catheter is properly anchored as a loose line slides back and forth and is at increased risk for infection
 - Gauze dressings should be changed every 2 days and transparent dressings should be changed at least weekly
 - Use a chlorhexidime impregnated disc if available
 - Change dressing if it becomes loose damp or soiled



Prevention of Central Catheter Associated infections

- Accessing the line
 - Lines accession should be limited to as few times as possible
 - Prior to accessing the line, perform hand hygiene and put on gloves
 - Clean and wipe the insertion hub with an alcohol swab

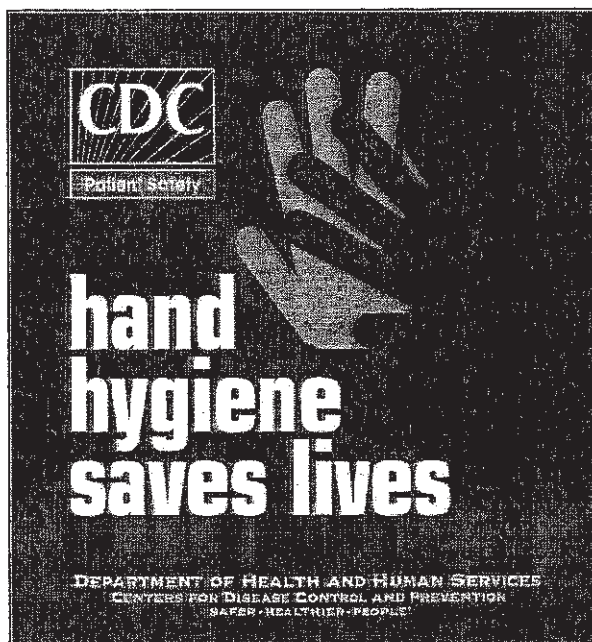


Prevention of Central Catheter Associated infections

- Monitoring the line
 - As part of the central line bundle; all central lines should be monitored on a daily basis for signs of infection (e.g. erythema, purulent drainage, red streaking, line tenderness and swelling). If this is observed the line should be removed immediately and a line placed at a site away from the infected site
 - Lines should be monitored on a daily basis for need and if not necessary, it should be pulled out.



Thank you for your participation and cooperation!



Please return the keypad and white copy of the certificate.



RECORD OF ANNUAL EDUCATION

20_____

Employee Name: _____
Last First

Title: _____

Department: _____

Date of Hire: _____

Date in Position: _____

Social Security No.: _____
Last 4 Digits

FMIS Employee ID No.: _____

Date of Centralized Orientation: _____

MANDATORY IN-SERVICES	DATE OF ATTENDANCE / COMPLETION
Security (Code Abduct / Workplace Violence)	
Emergency Codes	
Reporting Suspected Abuse / Neglect	
Corporate Compliance / HIPAA Awareness	
Information Systems Security	
Environment of Care / Life Safety / Emergency Management	
Medical and Clinical Equipment	
Hazardous Materials & Waste Management	
Radiation Safety	
Body Mechanics	
Age Appropriate Care	
Quality & Performance Improvement	
(National Patient Safety Goals)	
Risk Management	
Infection Control / Hand Hygiene	

Name: _____
Manager / Director

Signature: _____

Date: _____

Provident Hospital of Cook County

Toni Preckwinkle • President
Cook County Board of Commissioners

Warren L. Batts • Chairman
Cook County Health & Hospital System

Jorge Ramirez • Vice-Chairman
Cook County Health & Hospitals System

William T. Foley • CEO
Cook County Health & Hospitals System



Health System Board Members

Dr. David A. Ansell
Commissioner Jerry Butler
David N. Carvalho
Quin R. Golden
Benn Greenspan
Sr. Sheila Lyne
Dr. Luis R. Munoz
Heather E. O'Donnell
Andrea L. Zopp

500 E. 51st Street
Chicago, Illinois 60615
(312) 572-2000

Robert E. Hamilton, F.A.C.H.E., M.H.A., M.B.A.
Interim Chief Operating Officer

EMERGENCY CONTACT INFORMATION

Please complete the entire form and provide all information requested.
PLEASE PRINT CLEARLY.

EMPLOYEE CONTACT INFORMATION

Name: _____
Last Name First Name M.I.

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ / _____ / _____
Month Day Year

Work email address: _____ @ _____

Home email address: _____ @ _____

Primary Work Site: _____ Work Phone: _____ Supervisor Phone: _____

During an emergency, if Provident Hospital needs to contact you, what three numbers would you prefer to be called in order of your preference? Select the appropriate check box for each number.

1 st : _____	<input type="checkbox"/> Home	<input type="checkbox"/> Wk Mobile	<input type="checkbox"/> Hm Mobile	<input type="checkbox"/> Pager
2 nd : _____	<input type="checkbox"/> Home	<input type="checkbox"/> Wk Mobile	<input type="checkbox"/> Hm Mobile	<input type="checkbox"/> Pager
3 rd : _____	<input type="checkbox"/> Home	<input type="checkbox"/> Wk Mobile	<input type="checkbox"/> Hm Mobile	<input type="checkbox"/> Pager

EMERGENCY CONTACT: Please list two individuals that we may contact in the event of an emergency.

1 st : _____	_____	_____
Name	Number	Relationship To You
2 nd : _____	_____	_____
Name	Number	Relationship To You

Do you live within five (5) miles of your primary work site? Yes No

EMPLOYEE AUTHORIZATION STATEMENT: I verify that all the information above is true and, if applicable, authorize all changes noted to my personal data and emergency contact information.

Employee Signature Date

• Ambulatory & Community Health Network • Cermak Health Services • Cook County Department of Public Health •
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein CORE Center •

We Bring HealthCARE to Your Community

COOK COUNTY BUREAU OF HUMAN RESOURCES
REPORT OF DUAL EMPLOYMENT

THE GIVING OF FALSE
INFORMATION ON THIS
FORM WILL BE CAUSE
FOR DISMISSAL.

This form must be executed by:

1. Persons entering County service;
2. Any person who after entering the service as an employee becomes engaged in any gainful employment;
3. Any employee engaged in any outside employment, whose work schedule in the County service or work schedule in any gainful outside employment has changed;
4. Any employee whose dual employment has been discontinued. (See Instructions on Reverse Side).

Name of Employee _____ / Social Security No. _____

(PLEASE PRINT)

Home Address _____ Title of Position _____ Dept. _____

Where Assigned _____ (LOCATION OF WORK ASSIGNMENT)

In spaces below indicate starting and finishing time for each day and total hours per week of County job.

		M.	T.	W.	T.	F.	S.	S.	TOTAL HRS.
HOURS OF EMPL.	FROM								
	TO								

DO YOU HAVE EMPLOYMENT OTHER THAN COOK COUNTY? Yes No

If engaged in a business, profession, trade or occupation in addition to your Cook County occupation, indicate:

Kind of business, profession or trade _____ Title _____

Name of outside Employer or Firm _____ Address _____

Location of assignment _____

In spaces below indicate starting and finishing time for each day and total hours per week of your outside employment.

		M.	T.	W.	T.	F.	S.	S.	TOTAL HRS.
HOURS OF EMPL.	FROM								
	TO								

Please describe duties of your outside employment _____

I hereby authorize my outside Employer, named above, to furnish my Department Head or Cook County Chief of Human Resources, any additional information pertaining to my employment.

IMMEDIATE SUPERVISOR

SIGNATURE OF EMPLOYEE

DEPARTMENT HEAD

DATE

INSTRUCTIONS

THE RULES OF THE BOARD OF COOK COUNTY COMMISSIONERS PROVIDE THAT NO EMPLOYEE SHALL ENGAGE IN A BUSINESS, PROFESSION, TRADE OR OCCUPATION WHILE ACTUALLY EMPLOYED BY COOK COUNTY WHICH WILL:

1. IMPAIR HIS EFFICIENCY;
2. SERIOUSLY INTERFERE WITH SUCH EMPLOYEE'S ABILITY TO SATISFACTORILY PERFORM HIS DUTIES;
3. IMPAIR OR REFLECT UPON THE REPUTATION OF COOK COUNTY.

AS A CONDITION PRECEDENT TO ANY EMPLOYEE OF COOK COUNTY ENGAGING IN BUSINESS, PROFESSION, TRADE OR OCCUPATION WHILE ACTUALLY EMPLOYED BY COOK COUNTY, EVERY SUCH EMPLOYEE SHALL REPORT FOR REVIEW, THE NATURE AND EXTENT OF SUCH BUSINESS, PROFESSION, TRADE OR OCCUPATION TO HIS DEPARTMENT HEAD UPON HIS FORM.

THIS REPORT SHALL BE REVIEWED BY THE IMMEDIATE SUPERVISOR, AND THE DEPARTMENT HEAD WHO SHALL RETAIN ONE (1) COPY AND TRANSMIT ONE (1) COPY TO THE BUREAU CHIEF, COOK COUNTY BUREAU OF HUMAN RESOURCES, FOR INCLUSION IN THE PERSONNEL FILE OF SUCH EMPLOYEE.

PROVIDENT HOSPITAL OF COOK COUNTY

THIS CERTIFIES THAT

successfully completed the Mandatory In-Service Self-Learning Education
for Provident Employees

this _____ day of April, 2011



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

Manager / Director's Name

Manager / Director's Signature

2011 Hospital National Patient Safety Goals

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

Identify patients correctly

- NPSG.01.01.01 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.
- NPSG.01.03.01 Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve staff communication

- NPSG.02.03.01 Get important test results to the right staff person on time.

Use medicines safely

- NPSG.03.04.01 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.
- NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.

Prevent infection

- NPSG.07.01.01 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.
- NPSG.07.03.01 Use proven guidelines to prevent infections that are difficult to treat.
- NPSG.07.04.01 Use proven guidelines to prevent infection of the blood from central lines.
- NPSG.07.05.01 Use proven guidelines to prevent infection after surgery.

Check patient medicines

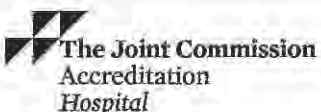
- NPSG.08.01.01 Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any new medicines with their current medicines.
- NPSG.08.02.01 Give a list of the patient's medicines to their next caregiver. Give the list to the patient's regular doctor before the patient goes home.
- NPSG.08.03.01 Give a list of the patient's medicines to the patient and their family before they go home. Explain the list.
- NPSG.08.04.01 Some patients may get medicine in small amounts or for a short time. Make sure that it is OK for those patients to take those medicines with their current medicines.

Identify patient safety risks

- NPSG.15.01.01 Find out which patients are most likely to try to commit suicide.

Prevent mistakes in surgery

- UP.01.01.01 Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- UP.01.02.01 Mark the correct place on the patient's body where the surgery is to be done.
- UP.01.03.01 Pause before the surgery to make sure that a mistake is not being made.



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.



MANDATORY IN-SERVICE SELF-LEARNING EDUCATION TEST

SECURITY MANAGEMENT

1. When a code abduct is paged, all hospital employees assist in the search for the missing child in their work area.

True False
2. Everyone seen with a child after a code abduct is paged is stopped and questioned.

True False
3. When a code abduct is paged all persons carrying any package large enough to fit an infant in will be stopped and questioned.

True False
4. After a code abduct is paged the hospital will go into a lock-down mode, not allowing anyone to either enter or exit.

True False
5. Where may violence in the hospital occur?
 - a. Waiting Room
 - b. Emergency Room
 - c. Out on the street
 - d. a & b
6. Who is at risk?
 - a. Nurses and Aides
 - b. Hospital Personnel
 - c. Hospital Safety Officers
 - d. None of the above
 - e. All of the above
7. Example of violence in the hospital are:
 - a. Muggings
 - b. Threats
 - c. Violent acts including physical assaults and threats of assaults directed toward persons at work or on duty.

True False

8. What are some of the effects of violence?
- a. Minor injury
 - b. Death
 - c. Serious physical injury
 - d. No effect
 - e. a, b, and c
9. Hospital workers should look out for:
- a. Signs of drug or alcohol use
 - b. Body language such as threatening gestures
 - c. Verbally expressed anger and frustration
 - d. Presence of a weapon
- True False
10. To help diffuse anger:
- a. Present calm, caring attitude
 - b. Don't match the threat
 - c. Don't give orders
 - d. Acknowledge the person's feelings
 - e. Avoid any behavior that may be interpreted as aggressive
- True False
11. The following steps should be followed if you can not defuse a situation quickly:
- a. Remove yourself from the situation
 - b. Call security for help
 - c. Report any violent incidents to management
- True False

21. Any extinguisher can extinguish any type of fire
True False
22. Stairways provide safety from smoke and flames
True False
23. Oxygen cylinders should not be attached to the crash cart.
True False
24. Red outlets are used to supply normal electrical power.
True False
25. Normal trash items should go into red bags.
True False
26. Materials Safety Data Sheet (MSDS) are found in each department/unit.
True False
27. The Hazard Communication Standard is about making sure employees are informed of the hazardous chemical/conditions within their departments.
True False
28. Needles must be recapped before placing them in the sharps container.
True False
29. Corridors in health care facilities must remain clear and unobstructed at all times.
True False

HAZARDOUS MATERIALS AND WASTE MANAGEMENT

30. The term "Code Orange" at Provident Hospital refers to:
- Severe weather plan
 - High volume in the Emergency Department on Halloween
 - Hazardous Material Casualty response plan
 - Hospital power system failure
31. If a patient is suspected of being exposed to a hazardous material they are
- Directed to the nearest exit and then to the ambulance bay area
 - Taken directly to the Emergency Department
 - Referred employee Health
 - Transported to the closest Fire Department
32. What percentage of contamination is removed with the patient's clothes?
- 10%
 - 40%
 - 50%
 - 80%
33. All hospital staff is to report to the ED during a Code Orange.
- True False
34. If a large influx of contaminated patients are anticipated the External Disaster plan should be initiated.
- True False

PERSONAL SAFETY

35. You may be straining your back even if it doesn't hurt.
True False
36. Low – back pain is an unavoidable hazard for healthcare workers.
True False
37. Strong abdominal muscles help support your back.
True False
38. Good posture means keeping your back straight
True False
39. Falls are the most common cause of back injuries among health care workers.
True False
40. Holdings load away from your body can place much more stress on your back than holding it close.
True False
41. One of the most important rules when lifting is to bend your knees.
True False
42. The ability to think and learn is absent in the elderly population.
True False
43. When you reach age 65 all development stops.
True False
44. Human development generally occurs in an orderly manner.
True False
45. Career development and childrearing are key tasks of middle adulthood.
True False

46. The middle-aged adult must deal with the changing role of caring for their children and their parents.
- True False
47. Treatment and procedures should be explained to children.
- True False
48. Healthcare providers must deal with their own feelings related to loss, grief, aging and depression, in order to deal with their patient's need.
- True False

RISK MANAGEMENT

49. All new powered medical equipment must be inspected by Biomedical Engineering before it is used on a patient.
- True False
50. If you discover that a medical equipment device is defective, you should:
- True False
51. How do you know if a piece of equipment is safe?
- True False
52. A patient safety report must be initiated within 24 hours of the occurrence, submitted to your immediate supervisor for follow-up and forwarding to Risk Management.
- True False
53. A Patient safety report is confidential and used for the purpose of peer review, evaluation and improvement of patient care.
- True False
54. All U.S. Marshals, County Sheriffs or Court Appointed Process Servers attempting to serve a subpoena or summons shall present themselves to the Risk Manager.
- True False

PERFORMANCE IMPROVEMENT

55. Performance improvement is helping you to find a more efficient, cost effective way to do your job.
- True False
56. Who is part of the Performance Improvement process?
- a. doctors
 - b. nurses
 - c. technicians
 - d. food service workers
 - e. unit clerks
 - f. none of the above
 - g. all of the above
57. We do Performance Improvement for:
- a. The Joint Commission
 - b. County
 - c. Illinois State Board of Health
 - d. Medicare
 - e. Insurance Companies
 - f. Patients
- True False
58. Performance Improvement is:
- a. Process Improvement
 - b. Personal improvement
 - c. Patient Oriented
 - d. Customer Focused
 - e. Data Driven
- True False
59. Each staff member must be able to explain all the following to regulatory surveyors except:
- a. Tell how your job supports the mission of the hospital.
 - b. Job safety procedures
 - c. The hospital's reimbursement and operating margins.
 - d. Your role in departmental performance improvements and safety activities.

“Understanding Abuse and Neglect” Training Module
Post-Training Test Questions

1. Which abuse situation requires *MANDATORY* reporting to external agencies on *ALL* cases?
 - A. Elder abuse to the Illinois Department on Aging
 - B. Domestic violence to the Police Department
 - C. Child abuse to Child and Family Service (Illinois DCFS)
 - D. Sexual assault to Police Department
 - E. **C and D**

2. The Cook County Health and Hospitals System has *specialized experts* to help clinical providers identify and assist victims of abuse and neglect.
 - A. **True**
 - B. False

3. Keys to assessing possible victims of abuse include:
 - A. Calling the police to conduct the assessment
 - B. Getting the name of the abuser
 - C. **Documenting the history carefully, noting the victim’s exact words**
 - D. Questioning the abuser after interviewing the victim
 - E. All of the above

4. *Elder abuse and neglect* must always be reported to the Illinois Department on Aging when:
 - A. The victim has been financially exploited
 - B. The victim wants to report it
 - C. The victim lacks decision-making capacity
 - D. A and B
 - E. **B and C**

5. The CCHHS agency to contact for assistance regarding *domestic violence* is:
 - A. **HCIP Team (Hospital Crisis Intervention Project)**
 - B. RVA Team (Rape Victims Advocacy)
 - C. CPS Team (Child Protective Services)
 - D. SBIRT Team (Screening, Brief Intervention, Referral for Treatment)

6. Possible physical signs of *child abuse* include:
 - A. Bleeding in the brain (subdural hematomas)
 - B. Unexplained burns
 - C. Bruises on the abdomen
 - D. Sexual transmitted disease (STD)
 - E. **All of the above**

7. Types of assistance that victims may need after abuse may include:
 - F. Mental health counseling
 - G. Housing/shelter placement
 - H. Legal aid
 - I. Medical care
 - J. **All of the above**

8. Regarding *sexual assault* and *rape*,
- K. Very rarely are men the victims
 - L. Most female victims are older than 30 years of age
 - M. Routine informed consent and physical exam materials are used
 - N. **Victims may suffer for years after the rape/molestation from depression and/or addiction**
 - O. None of the above
9. *Child neglect* and *elder neglect* are less severe and should be taken less seriously by hospital staff.
- P. True
 - Q. **False**
10. Asking questions about *domestic violence* in the hospital setting is important because:
- R. Most patients (>70%) report that they would feel comfortable talking with their medical provider about the violence
 - S. Intimate partner violence impacts not only the victim but affects the entire family
 - T. Identifying domestic violence now could prevent future injuries or even death (from homicide)
 - U. The hospital can provide immediate safety and community resources to help the victims
 - V. **All of the above**



**MANDATORY IN-SERVICE
SELF-LEARNING EDUCATION**

ANSWER KEY

1. ----- T	30. ----- C
2. ----- T	31. ----- A
3. ----- T	32. ----- D
4. ----- T	33. ----- F
5. ----- D	34. ----- T
6. ----- E	35. ----- T
7. ----- T	36. ----- F
8. ----- E	37. ----- T
9. ----- T	38. ----- T
10. ----- T	39. ----- F
11. ----- T	40. ----- T
12. ----- T	41. ----- T
13. ----- E	42. ----- F
14. ----- D	43. ----- F
15. ----- C	44. ----- T
16. ----- F	45. ----- T
17. ----- D	46. ----- T
18. ----- F	47. ----- T
19. ----- T	48. ----- T
20. ----- F	49. ----- T
21. ----- F	50. ----- D
22. ----- T	51. ----- D
23. ----- F	52. ----- T
24. ----- F	53. ----- T
25. ----- F	54. ----- T
26. ----- T	55. ----- T
27. ----- T	56. ----- G
28. ----- F	57. ----- T
29. ----- T	58. ----- T
	59. ----- C



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

Provident Hospital of Cook County

VIOLENCE IN THE WORKPLACE TEST ANSWER KEY

1. True
2. True
3. False
4. True
5. All True
6. AA 2 SA 1 Rapes 4 Robberies 3
7. False
8. False
9. True
10. False

UNDERSTANDING ABUSE AND NEGLECT TRAINING MODULE

QUESTIONNAIRE (KEY)

1.-----E

2.-----A

3.-----C

4.-----E

5.-----A

6.-----E

7.-----T

8.-----N

9.-----N

10.-----V