Orientation Self-Study Guide and Annual Competency Validation
For Contract Employees, Volunteers, Students, Instructors, and Mid-cycle Employees

Completion of this packet is mandatory before entering the Fauquier Hospital and then annually for all volunteers, instructors, students, mid-cycle employees, and contract agency staff members within the hospital.

**Parking:** Your parking lots are the employee lots; please refer to the included map. All long-term contract staff and agency employees must obtain a parking sticker from Security and follow parking regulations. We focus on providing space for patients, families, and visitors. Parking is not allowed in the visitors’ lots.

**Contract Employees Only:** Employers with contract employees who are or will be working in the hospital must have a current, executed contract on file with Human Resources. This packet is then completed annually.

**Students & Clinical Instructors Only:** All institutions that conduct rotations or educational activities in the hospital must have a current, executed contract on file with Staff Development. Faculty members must obtain the most current version of the Student Clinical Requirements Grid. The Grid must be completed by an authorized school representative. Please email, fax, or mail the quiz at the end of the packet to Staff Development. Prior to your first day, please contact the appropriate faculty member at your institution to verify that your Grid and this orientation packet are complete.

Fauquier Health
Attn: Staff Development
500 Hospital Drive
Warrenton, VA 20186
Telephone: 540 316-3900, Fax: 540 316-3901

**Volunteers Only:** All new volunteers need to schedule an appointment with Employee Health (x3650) to receive a TST and drug screening. This packet is then completed annually. The test, located at the back of this packet, should include name and date. Complete the test and return to:

Fauquier Health
Attn: Volunteer Office
500 Hospital Drive
Warrenton, VA 20186
Telephone: 540 316-3900, Fax: 540 316-3901
Introduction to Fauquier Health System

Fauquier Health Vision Statement: To be the preferred health system for our community and their physicians by delivering extraordinary patient care and service in an innovative, compassionate healing environment.

Fauquier Health Mission Statement: To restore, promote and maintain the health of our community.

High Five Guiding Principles: Guide our actions and decision-making and define what communities can expect from us as a healthcare partner.

- Delivering high quality patient care
- Supporting physicians
- Creating excellent workplaces for our employees
- Strengthening the hospitals’ role in their communities

Core Values

1. Teamwork: Working together to foster an environment of trust, respect and support to achieve a common goal.

   Standards of Excellence (Core Measures):
   - Attends and actively participates in staff meetings.
   - Recognizes accomplishments of coworkers whenever possible by saying “thank you” or sending a Planetree card.
   - Encourages coworkers to develop their skills and abilities; builds collaborative relationships.

2. Integrity: Behaving ethically by demonstrating honesty, maintaining high standards and doing the right thing even when nobody is looking.

   Standards of Excellence (Core Measures):
   - Meets deadlines and follows through on all activities.
   - Takes ownership of mistakes without placing blame - apologizes appropriately.
   - Demonstrates reliability and responsibility.
   - Maintains confidentiality.

3. Service Excellence: Consistently providing outstanding service and individualized care to our patients, visitors, staff and community.

   Standards of Excellence (Core Measures):
   - Communicate why you are doing what you are doing without using acronyms or jargon.
   - Consistently look for opportunities to exceed your customer’s expectations.
   - Unconditionally treat all with respect and dignity. Be an active listener.
   - Maintain a positive attitude.
   - Maintain a neat and clutter free environment.
   - Acknowledge a customer’s presence immediately. Make eye contact, smile and introduce yourself.
   - Escort patients and visitors to their destination.
   - Keep voices and noise levels down to promote a healing environment. Maintain a professional appearance at all times.
4. **Quality:** Dedicated to achieving superior outcomes for the health of our community.

**Standards of Excellence (Core Measures):**
- Search for opportunities to improve processes.
- Constantly improve knowledge related to job description. Coach others to improve their skills and abilities.
- Follow all organization policies and procedures.
- Volunteer to learn new concepts/processes. Submit ideas for process improvements.

5. **Stewardship:** Effectively utilizing the organizations resources in the most efficient way possible while achieving a superior outcome.

**Standards of Excellence (Core Measures):**
- Support wellness initiatives.
- Appropriately care for our equipment that we use in our jobs. Identify and communicate potential cost saving initiatives. Effective and efficient use of time to accomplish tasks.
- Taking care of equipment entrusted to you and returns it to its proper place. Be on time for meetings.
- Submit innovative ideas for improvement.
- Pursue development goals and career objectives.
- Assist in keeping work areas and department safe and clean. Reduce, reuse and recycle.

6. **Compassion:** Providing a caring environment conducive to healing that responds to the physical, emotional and spiritual needs of all the people we serve.

**Standards of Excellence (core measures):**
- Make eye contact during conversation.
- Pause from one’s task to acknowledge a need or concern.
- Individualize approach when meeting with customers (i.e. sitting down at the bedside when communicating with a patient).
- Unconditionally treat others with respect, dignity and equality. Provide support and assistance to others without being asked. Take others where they need to go (show the way).

7. **Safety:** Safety is everyone's responsibility. Fauquier Health strives to provide a safe and healthy environment for patients, residents and employees.

**Standards of Excellence (core measures):**
- Follow established patient, employee and environment of care safety policies and procedures, including but not limited to; appropriate PPE, lift equipment, hazard surveillance and safety sharps devices.
- Proper management and control of hazardous materials, including but not limited to; electrical devices, chemicals, and bio-hazards.
- Take ownership of environmental, employee and patient hazards, including but not limited to; wet floors, tripping hazards, and ice in parking lots. This includes taking actions to resolve environmental hazards promptly.
- Report and/or correct unsafe acts or conditions promptly.
- Ask for or offer assistance to prevent injuries or accidents.
- Provide education to department staff as applicable and necessary.
Planetree Vision, Mission, and Belief Statements

Vision
As a global catalyst and leader, Planetree promotes the development and implementation of innovative models of healthcare that focus on healing and nurturing body, mind and spirit.

Mission
Planetree is a non-profit organization that provides education and information in a collaborative community of healthcare organizations, facilitating efforts to create patient-centered care in healing environments.

Beliefs
We believe.....
• That we are human beings, caring for other human beings.
• We are all caregivers.
• Care giving is best achieved through kindness and compassion.
• Safe, accessible, high quality care is fundamental to patient-centered care.
• In a holistic approach to meeting the needs of body, mind, and spirit.
• Families, friends, and loved ones are vital to the healing process.
• Access to understandable health information can empower individuals to participate in their care.
• The opportunity for individuals to make personal choices related to their care is essential.
• Physical environments can enhance healing, health, and well-being.
• Illness can be a transformational experience for patients, families, and caregivers.

Our Roots
As Angelica Thieriot battled a rare viral infection, she lay staring at the cold, blank walls of her hospital room. Physicians and nurses hurried in and out without regard to Angelica as an individual, leaving her to spend hours feeling lonely, afraid and uniformed of her condition. She was disheartened to find that this lack of personalized care threatened to overshadow the benefits of the hospital’s high-tech environment and reputation.

Angelica’s experiences led her to envision a different type of hospital where patients could receive care in a truly healing environment that would also provide them with access to the information needed to become active participants in their own care and wellbeing.

In 1978, Angelica founded Planetree, taking the name from the roots of modern Western medicine -- the tree that Hippocrates sat under as he taught some of the earliest medical students in ancient Greece.
Branching Out

Today, Planetree is an internationally recognized leader in patient-centered care. In healthcare settings throughout the United States, Canada, and Europe, Planetree is demonstrating that patient-centered care is not only an empowering philosophy, but a viable, vital, and cost-effective model.

Our affiliate sites operate in diverse healthcare settings, with each site adapting the Planetree model as required by its unique needs. These facilities range from small rural hospitals with 25 beds to large urban medical centers with over 2,000 beds.

The Planetree model is implemented in acute and critical care departments, emergency departments, long term care facilities, outpatient services, as well as ambulatory care and community health centers.


Fauquier Health is the only hospital that has received Gold Designation in the state of Virginia and, at this time, one of 47 internationally.

The Planetree Model

Since its founding as a nonprofit organization, Planetree has pioneered methods for personalizing, humanizing and demystifying the healthcare experience for patients and their families.

The Planetree model of care is a patient-centered, holistic approach to healthcare, promoting mental, emotional, spiritual, social, and physical healing. It empowers patients and families through the exchange of information and encourages healing partnerships with caregivers. It seeks to maximize positive healthcare outcomes by integrating optimal medical therapies and incorporating art and nature into the healing environment.

Planetree continues to innovate, broadening our collective understanding of the concept of healing, and continuing our network’s expansion so that a growing number of patients and caregivers can experience the dignity, compassion, and humanity that are hallmarks of the Planetree philosophy.

10 Components of Planetree

Human Interaction: Human beings caring for other human beings, creating a healing environment for patients, families, and staff members.

Family, Friends, & Social Support: Contributes to the quality of the hospital experience by promoting caring connections between the patients and their support systems. We realize that patients have
improved healing when family and friends are near. We advocate that each patient have a Care Partner to provide support in the hospital and beyond. We offer private rooms and sleeping accommodations for family/friends, as well as, open visitation.

**Information & Education:** Patients, families, and community members are provided with increased access to meaningful information. Through the use of the patient education channels, the internet/ WiFi connection and a partnership with the county library, we encourage our patients and families to educate themselves and ask questions regarding their care/diagnosis. We value transparency as is evidenced through our Open Chart policy. Each patient is informed on admission that they have access to their information in their chart and depending on the patient’s preference, this information can be shared with their Care Partner or not.

**Nutritional & Nurturing Aspects of Food:** Choice and personalized service, in combination with sound nutrition practices, add pleasure, comfort, and familiarity. Each patient is visited by a Dietary Associate to complete their meal preferences. We utilize local, fresh and healthy foods.

**Architectural & Interior Design:** The Planetree design considers the patients’ wellbeing. The hospital is welcoming and accessible, providing clearly marked signs for direction, comfortable and private rooms, and designs that engage the senses. Our nursing stations are open and break down any communication barriers that could exist.

**Arts & Entertainment:** Music, art in the halls, patient visitation days, carousel cart, and concierge volunteers offer engagement and enjoyment to enhance the clinical environment.

**Spirituality:** Planetree recognizes the vital role of spirituality in healing the entire person. We realize spirituality includes more than religion as we try to provide holistic support for the body, mind and spirit through our care giving. We have volunteer Chaplains on call 24/7 and a soothing and tranquil Chapel for prayer or reflection. In addition to our Chapel, we have two outdoor healing gardens for fresh air and relaxation set in natural surroundings.

**Human Touch:** Touch reduces anxiety, pain, and stress, benefiting patients, families, and staff members. In addition to the therapeutic touch the nursing staff provide, our concierge volunteers offer daily hand massages while visiting our patients and upon request.

**Complementary Therapies:** Expand the choices offered to patients. Aromatherapy and pet therapy, massage, weekly cookie baking and Reiki are offered in addition to clinical Western modalities of care.

**Healthy Communities:** Expand the boundaries of health care: Working with schools, senior centers, churches, and other community partners, organizations are redefining healthcare to include the health and wellness of the larger community.
Orientation Competencies

Cultural Diversity and Sensitivity
• “Culture” is the norms and practices of a particular group that are learned and shared. These include values, beliefs, standards, language, thinking patterns, behavior, and communication styles.
• Individuals should strive to understand the nature of social diversity with respect to race, ethnicity, national origin, color, gender, age, marital status, political belief, religion, sexual orientation, and mental or physical disability.
• Cultural competency is the ability to interact effectively with people of different cultures. It is one of the main ingredients for closing the disparities gap in health care. This requires sensitivity and awareness; enabling the agency or professionals to work successfully in cross-cultural situations.
• Health care services that are respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse patients can help bring about positive health outcomes.
• The language line is accessible through the FHnet home page and will give you the ability to communicate with persons who speak over 100 languages.

Patient Population Competency
• When interacting with patients across different age groups it is important to use the right approach for that age group when communicating, providing instruction, coping assistance, safety and involvement in care and decision making.
• At Fauquier Health we use the R-E-S-P-E-C-T Model for providing quality, patient-centered, sensitive care to the bariatric patient (Morris, T.M., 2011).

R – Rapport
E – Environment/Equipment
S – Safety
P – Privacy
E – Encouragement
C – Caring/Compassion
T – Tact

Abuse and Neglect
• Abuse may include physical, verbal, sexual, material, financial, psychological, emotional, and material. Healthcare workers have a legal and ethical responsibility to report action or alleged abuse.
• Signs and symptoms of abuse may include fear, depression, hostility, anxiety, injuries, personality changes, weight loss, emotional upset, self-neglect, and isolation.
Ethical Guidelines
- Ethics is a philosophy of dealing with values relating to human conduct, with respect to the rightness and wrongness of certain actions, motives, and results.
- Be conscientious in performance of your duties; carry out instructions given by your supervisor.
- Be generous and sensitive in helping patients and fellow co-workers.
- Perform only procedures at the level of the duties and responsibilities listed in your job description and upon demonstrated competency.
- Demonstrate sincerity and do not accept monetary donations or gifts from patients.

Impaired Healthcare Worker
- FHS is a drug free workplace. It is a violation to use, possess, distribute, sell, trade, offer for sale, and/or be under the influence of alcohol, illegal drugs, or intoxicants.
- The purpose is to protect the safety, health, and well-being of all employees and individuals in our workplace. If an unsafe or unhealthy work situation is identified or suspected, report the condition to your supervisor immediately.

Advance Directives
- Hospitals are required to inform patients of their right to accept or refuse care and to make advanced directives.
- Advance directives are legal documents that allow individuals to document their wishes concerning medical treatment at end-of-life.
- Virginia law recognizes 2 types of advance directives: Living Will/DNR and Health Care Agent.

Organ Donation
- Anyone regardless of age or medical history can sign up to be a donor.
- There is no cost to donors or their families for organ donation.
- Please consider how a donor family and the general public may perceive insensitive terminology.

Fall Prevention and Reduction Program
- Indicators are implemented if a patient is identified as a moderate or high risk for fall or if a patient actually falls. Implementation includes a yellow 3X5 card placed on the door frame of the patient’s room; a yellow wrist band is placed on the patient along with non-skid socks when out of bed. Risk information is included in shift report and on the Daily Ticket to Ride.
- Other fall reduction indicators include checking on patients at high risk for falls frequently, offering bedpan, bedside commode or assist to bathroom upon awakening, before and after meals, at bedtime, and when awakened during the night.
Communication Tools

AIDET is a communication tool that will increase patient satisfaction.
- A – Acknowledge the patient.
- I – Introduce yourself, skill set, certification, training.
- D – Duration the patient can expect for the interaction.
- E – Explain the interaction and why you are looking at their armband.
- T – Thank you.

SBAR is a communication technique used between members of the health care team.
- S – Situation – What is going on right now?
- B – Background – What is the important background on this patient?
- A – Assessment – What do I think the issue is? Why am I concerned?
- R – Recommendation – What should we do to respond to the situation?

Patient Satisfaction and HCAHPS

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey is a national, standardized, publicly reported survey of patient’s perspectives of hospital care. Scores are available at www.medicare.gov/hospitalcompare.

Three broad goals of the survey include:
1. Allows objective and meaningful comparisons of hospitals.
2. Creates new incentives for hospitals to improve quality of care.
3. Enhances accountability in health care by increasing transparency.

Top Ten Reasons People Recommend a Hospital
1. Staff sensitivity to the inconvenience that health problems and hospitalization can cause
2. Overall cheerfulness of the hospital
3. Staff concern for your privacy
4. Amount of attention paid to your special/personal needs
5. Degree to which nurses took your health problem seriously
6. Technical skill of nurses
7. Nurses’ attitude toward your calling them
8. Degree to which the nurses kept you adequately informed about tests, treatment, and equipment.
9. Friendliness of the staff
10. Promptness in responding to the call button

Patient Advocate

The Patient Advocate (x5014) goes the extra mile in meeting the needs and expectations of patients and families, troubleshooting potential problems, providing advocacy for patients in fulfilling unmet expectations, facilitating communication and patient education.
Corporate Compliance Plan

Fauquier Health System expects all staff, physicians, volunteers, contractors, vendors and agency staff to comply with our Corporate Compliance Plan and to always in all situations to behave with integrity – “behaving ethically by demonstrating honesty, maintaining high standards, and doing the right thing even when nobody else is looking.”

Goals of the Compliance Program

- To do the right thing
- To comply with all Federal and State laws and regulations
- To have a process to ensure we are aware of violations of laws or regulations if they occur

Code of Conduct: Fauquier Health seeks to maintain the highest level of professional and ethical standards in the conduct of its business. Each person or entity associated with Fauquier Health is expected to act with integrity, focus on quality and patient safety, and diligently adhere to all Federal and State laws.

Compliance Officer: The Compliance Officer is responsible for providing compliance orientation, education and training programs, responding to inquiries regarding appropriate billing, documentation, coding and business practices, and investigating any allegations of possible wrongdoing with the cooperation of the Corporate Compliance Committee.

Actions that could be compliance violations:

- Taking office supplies home for personal use
- Falsifying time records
- Documenting services were provided or treatments given when they were not
- Talking with a friend about a patient who is their neighbor
- Inappropriate or incorrect billing or coding
- Accessing your medical record or those of friends or family or anyone you not involved in treating
- Violating HIPAA standards related to privacy and confidentiality
- Not reporting actions you know about or see at work that are non-compliant, illegal or unethical

Compliance Issues, Ethics Line and Reporting Potential Violations:

The Compliance Officer is available to receive reports of violations, or suspected violations, of the law or of the Compliance Plan and to answer questions concerning adherence to the law and to the Compliance Plan. To report violations or suspected violations, call the Ethics and Compliance Officer at 540 316-2902 or the Corporate Ethics Line at 1-877-508-5433.
Joint Commission

Joint Commission is an independent, not-for-profit organization, established more than 50 years ago; it is governed by a board that includes physicians, nurses, and consumers. Joint Commission sets the standards by which health care quality is measured in America and around the world. Joint Commission’s mission is to improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations. Joint Commission accredits Fauquier Hospital, Fauquier Home Health, and Fauquier Physician Practices. Accreditation benefits the public by knowing that a healthcare organization or program has met the highest standards for quality and safety. In addition, most insurance payers, including Medicare and Medicaid require accreditation.

Fauquier Health has Joint Commission Disease-Specific Certifications for:
- Total Hip & Knee Replacement
  - Certification in December 2008
  - Re-certification in January 2013
- Stroke Center of Excellence (American Heart Association Primary Stroke Center)
  - February 2011
  - Re-certification in February 2013

For reporting an anonymous or otherwise complaint directly to Joint Commission:
- Use the provided link on the left-hand side of the FHnet homepage OR
- Email: complaint@jointcommission.org OR
- https://jcwebnoc.jcaho.org/QMSInternet/IncidentEntry.aspx

Adverse Reporting at Fauquier Health

For reporting an adverse event or potential adverse event, the Quality Care Control (QCC) form can be found online through the FH net. On the right-hand side click on My Access, scroll to the bottom and click on QCC Online Entry. Risk event reporting is voluntary, anonymous, and educational, and NOT Punitive.

Emergency Medical Treatment and Labor Act for Medical Screening (EMTALA)

- A federal law that applies to anyone who presents with an illness, injury, or in labor within 250 yards of the main hospital building and on hospital property.
- Assistance and a medical screening must be offered.
- Violations may result in loss of federal funding and fines.
- Any patient being transferred must have an accepting physician at the accepting hospital.
## 2014 Hospital National Patient Safety Goals

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

### 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.
  - 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.
- **NPSG.03.06.01**
  - Record and pass along correct information about a patient’s medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

### Use alarms safely
- **NPSG.06.01.01**
  - Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

### 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.
- **NPSG.07.06.01**
  - Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

### 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.
HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides patients with specific rights related to their health information.

Patients have the right to ...
Review their medical record.
Request restrictions on who sees their medical record.
Suggest amendments to their medical record BUT no one can change or delete information in the record which would be fraud.
Request alternative methods of communication.
Receive a list of all disclosures of their medical information.
Complain about privacy violations.

Protected Health Information: Any information which is individually identifiable and can be linked to a specific patient is considered Protected Health Information (PHI). It can be electronic, written, or oral information. Patient information DOES NOT belong on social media and can result in the loss of your job, fines and jail time.

The Privacy Rule: Under HIPAA, PHI can only be shared for the purposes of Treatment, Payment or Health Care Operations (TPO). You may share patient information with other health care providers or insurance providers only if the information is being used for TPO purposes. This applies to conversations (including electronic communications) which occur in the nurses’ station, hallway, elevators, or anywhere in the facility.

The Security Rule: Establishes national standards to protect individuals’ electronic personal health information and requires appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information. Do not share any computer password with another employee and log out of the computer when finished. Computer screens in public areas, including hallways, offices and nurse’s stations, are not left unattended with patient information on the screen.

Notice of Privacy Practices: HIPAA requires that all health care facilities provide patients with a Notice of Privacy Practices. These notices must also be posted in patient registration areas throughout the hospital. Patients are given a written copy of the Notice of Privacy Practices and are requested to sign stating that they have received this notice.

Hospital Directory: Patients have the right to opt out of being included in the Hospital Directory. This means that a patient may request that no information be given out to someone calling to inquire about their presence in the hospital. If patients opt out of the Directory a bright pink sticker will be placed on the patient’s demographic sheet to alert staff. All employees with access to the patient’s chart are responsible for verifying that the patient had not opted out prior to giving any information to anyone.

Privacy Officer. The Privacy Officer at Fauquier Hospital is the Director of Health Information Management (x5802). Notify the Privacy Officer:
• If you think (or know) that a disclosure of PHI may have occurred.
• If you hear from one of the Fauquier Health’s Business Associated that a Disclosure of PHI has, or may have, occurred.
• If you are uncertain whether a particular situation could be characterized as a “disclosure.”

The Privacy Officer will notify patients, HHS, and other parties outside of FH. Other staff may not report potential disclosures except under the direction of the Privacy Officer.

**Breaches and Sanctions.** Under HIPAA fines of $100.00 per violation and up to $25,000.00 per year for violation of a single standard may be imposed. Fines may be administered against any individual who violates the privacy regulations.
As a patient at Fauquier Hospital, you have the following rights:

**General**
- The right to equal care, treatment and consideration regardless of nationality, race, religious belief, age, sex or creed.
- The right to know, by name, the physicians and hospital staff responsible for the coordination and delivery of your care and treatment.
- The right to a quick response to reports of pain and information about pain and pain relief measures.
- The right to have access to people outside the hospital by means of visitors, and by verbal or written communication.
- The right to expect, within its capacity, the hospital to make reasonable responses to service requests.
- The right to receive itemized statements for your hospitalization and care, regardless of source of payment.

**Privacy and Safety**
- The right to personal privacy.
- The right to be free from all forms of abuse or harassment.
- The right to receive reasonable safety.
- The right to be treated with respect and dignity, and to receive care in a safe setting.

**Confidentiality of Patient Records**
- The right to confidentiality of your clinical records.
- The right to access information contained in your clinical records within a reasonable time frame. The hospital must not frustrate your legitimate efforts to gain access to your medical records and must actively seek to meet your requests as quickly as its record keeping system permits.

**Exercise of Rights**
- The right to participate in the development and implementation of your plan of care.
- The right to expect reasonable continuity of care within the hospital.
- The right to receive proper instruction for ensuring continuing programs of personal health care following discharge.
- The right for you or your representative (if authorized by law) to make informed decisions regarding your care. This includes being informed of your health status, being involved in care planning and treatment, and being able to request or refuse treatment. This does not give you the right to treatment or services deemed medically unnecessary or inappropriate.
- The right to refuse any treatment to the extent permitted by law, and to be informed of the medical consequences of such action.
- The right to be included in discussions or decisions, including ethical issues, involving your care.
- The right to consult with a specialist, at your own request and expense.
- The right to receive an explanation for and alternatives to the need for a transfer to another facility.
- The right to formulate advance directives and to have the hospital staff, and the practitioners who provide care in the hospital, comply with these directives.
• The right to have a family member, or representative of your choice, and your own physician notified promptly of your admission to the hospital.

**Patients' Responsibilities**

As a patient of Fauquier Hospital, you have the following responsibilities:

• To provide, to the best of your knowledge, accurate and complete information about present and past complaints, illnesses, hospitalizations, medications and other matters relating to your health.
• To follow the treatment plan recommended by your physician.
• To assume complete responsibility if you refuse treatment or do not follow the physician's instructions.
• To assure that financial obligations for your health care are fulfilled.
• To follow hospital rules and regulations affecting patient care and conduct.
• To ask questions when you do not understand what you have been told about your care and what you are expected to do.
• To act with consideration for the rights of other patients and hospital staff in matters of noise control, smoking, the number of visitors, and the property of the hospital and others.
• To ask your doctor or nurse what to expect regarding pain and pain management.
• To discuss pain relief options and a pain management plan with your doctors and nurses.
• To ask for pain relief when pain first begins.
• To help your doctor and nurses assess your pain, and let them know if your pain is not relieved, or if you have worries or concerns about taking your pain medication.

**Freedom From Restraints for Acute Medical and Surgical Care**

• A physical restraint is any manual method or physical mechanical device, material or equipment attached or adjacent to your body that you cannot easily remove that restricts freedom of movement and is not a standard treatment for your medical or psychiatric condition. A restraint can only be used if needed to improve your well being after less restrictive interventions have been determined to be ineffective.

**Freedom from Seclusion and Restraint for Behavioral Management**

• Seclusion or a restraint can only be used in emergency situations if needed to ensure your physical safety and after less restrictive interventions have been determined to be ineffective.

**Grievances**

• The right to prompt resolution to your grievances. If you have a grievance, you should contact the Patient Advocate at extension 5014. You may also contact the head of the department in which you are receiving treatment or any administrator of the hospital.
• The right to written notice of the hospital's decision concerning your grievance including the name of the hospital's contact person, the steps taken on your behalf to investigate the grievance, the result of the grievance process, and the date of completion.
• The right to address your concerns in writing to:
  The Virginia Health Quality Center
  1604 Santa Rosa Road, Suite 200
  P.O. Box K70
  Richmond, VA 23288-0070
Infection Control and Blood-Borne Pathogens

Standard Precautions
Standard precautions, i.e. the use of gloves when handling blood or other body fluids, are mandatory for all employees. Gowns, masks, and goggles may also be used if the situation indicates. When disposing of blood and body fluid, red bags (Regulated Medical Waste) should be used. Any incident of exposure to another person’s blood or body fluids should be reported to the Employee Health Nurse or the Nursing Supervisor as soon as possible.

Routine Hand Hygiene
Effective hand washing, 10-15 seconds with good friction, is the single most effective method in preventing the spread of infections. Gloves do not replace the need for hand washing. It is the policy of Fauquier Health that all personnel will practice routine hand hygiene as part of quality patient care. Please review the Hand Hygiene Policy IC-6720-905 on Fhnet.

Transmission-Based Precautions
Patients with an infectious disease are identified by an isolation sign on the door and on the patient census board. There are four categories of transmission-based precautions: Contact Precautions, Contact-Special Precautions, Droplet Precautions, and Airborne Precautions. You should check with the nurse before entering these rooms.

Hepatitis B
Hepatitis B is a disease of the liver caused by the Hepatitis B Virus (HBV). Many people infected with HBV never feel sick, while others get a mild flu-like illness. While most infected people completely recover, up to 10% carry the virus for a long time without having any symptoms. These chronic carriers are infectious, which means they can spread HBV to others. Additionally, carriers are at risk of developing serious and sometimes a fatal liver disease such as Cirrhosis of the liver or liver cancer. HBV is spread mostly through contact with blood, semen, vaginal secretions, and saliva (from a bite). The chance of infection after being stuck with an infected needle is 7-30%. The survival of the HBV virus outside the body is at least 1 month. There is a vaccine available.

Hepatitis C
Hepatitis C Virus (HCV) is similar to HBV. HCV is the most common chronic blood borne infection in the United States. Most of these persons are chronically infected and might not be aware of their infection because they are not clinically ill. Population-based studies indicate that 40% of chronic liver disease is HCV related- resulting in an estimated 8,000 to 10,000 deaths each year (CDC). HCV is spread primarily through percutaneous exposures to blood. The chance of becoming infected with HCV after being stuck with an infected needle is 1.8%. Hepatitis C virus dies relatively quickly outside the body. No vaccine is available.
Human Immunodeficiency Virus (HIV)
HIV is the virus that causes AIDS. HIV destroys the body’s natural defenses against a wide range of illnesses and has lead to death in many cases. A person infected with HIV may carry the virus for years before starting to look or feel sick. Even though that person may not appear to be sick, he or she is still infected and can transmit that virus to others. HIV is spread mostly through contact with blood, semen, and vaginal secretions. Chance of infection after being stuck with an infected needle is 0.5%. Survival of virus outside the body is several hours after drying. There is no vaccine available; however, there are medications that can currently control HIV.

Tuberculosis
Tuberculosis (TB) is an airborne infectious disease which usually involves the lungs, but can produce lesions in other organs and tissues. Pulmonary (lung) tuberculosis is the most common form of tuberculosis. Screening and diagnosis for TB is accomplished through yearly tuberculin skin tests (TST) and follow up studies such as chest x-rays and sputum cultures if needed. A positive TST does not indicate that TB disease is present, only that the individual has been exposed to TB. This test is read 48 to 72 hours after it is administered and will determine if any follow up is necessary. The most common symptoms (usually associated with pulmonary TB) are weight loss, fatigue with daily activities, decreased appetite, cough, afternoon temperature elevation, and night sweats. It is also important to recognize that the person may display no symptoms in the early stages of the disease. TB is transmitted by respiratory droplet from coughing, sneezing, and talking. To acquire the infection, a person must be exposed consistently to the exhaled air of an infection person. Please review the Fauquier Hospital 2013 TB Control Plan available on Fhnet.
Safety at Fauquier Hospital

Fauquier Hospital has instituted a World Class Safety Culture. What does this mean? It means incorporating safety into our values and culture.

Creating a Culture of Safety:
• Everyone recognizes that safety is part of caring for our patients, our co-workers and ourselves.
• Everyone has ownership of our safety culture - it’s part of who we are.
• Everyone makes a personal commitment to safety and believes that everyone’s safety and health are non-negotiable.
• Safety is never compromised and is not just a priority but rather an ethic that guides everything we do.
• Employees/Students/Volunteers have to know about safety hazard information and safety resources in our work environment:
  o Policies & Procedures
  o Safety Data Sheet
  o Annual Safety Training
  o New Equipment Training
  o Ergonomics/Safe Patient Handling
  o Employee Health Fairs & Events
  o Special Notifications
  o Attendance of Special Safety Training Programs Throughout the Year
  o Decontamination Training Courses
  o Eye Wash Stations

If the potential hazard exists within your control or in your department...
• Take the necessary steps to eliminate the hazard or report it to your immediate supervisor or manager.

If the hazard is out of your control...
• Submit the concern to the Safety Committee by completing an employee suggestion for and placing it in the box located in the Bistro.

If the hazard is out of your control and has a time sensitive need...
• Complete a work order
• Notify Director or House Supervisor

If the hazard requires immediate attention...
• Contact any available member of the management staff, the Safety Officer, the Risk Manager, or the Nursing Supervisor.
Emergency Preparedness and Management

DISASTER PLAN

Fauquier Health System maintains disaster plans that are available on FHnet under Emergency Preparedness, select emergency disaster plan. These explain the plans for communication, bomb threat, operations, evacuation, decontamination, and disasters. Please review your role and responsibilities with your supervisor. The Emergency Operations Plan (EOP) provides detailed information about the hospital incident command system (HICS) and center (HICC), key operational personnel and their responsibilities, alerting and coordination of personnel, emergency procedures, security, and communication.

CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>Code Blue</td>
<td>Medical Emergency</td>
</tr>
<tr>
<td>Code Red</td>
<td>Fire Emergency</td>
</tr>
<tr>
<td>Code Yellow</td>
<td>Mass Casualty Incident</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Infant or Pediatric Abduction</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Electrical Failure or Emergency</td>
</tr>
<tr>
<td>Code Green</td>
<td>Workplace Violence Prevention</td>
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<tr>
<td>Code Zebra</td>
<td>Bioterrorism/Chemical Terrorist</td>
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<tr>
<td>Code X</td>
<td>Radiation Disaster</td>
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<tr>
<td>Code Gray</td>
<td>Hostage Incident</td>
</tr>
<tr>
<td>Code White</td>
<td>Business Interruption</td>
</tr>
<tr>
<td>Code Weather</td>
<td>Severe Weather Plan</td>
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</tbody>
</table>

**Code Blue**

A Code Blue is a cardiac or respiratory arrest. It is a life threatening emergency. If you recognize a life threatening emergency:

- Dial 3333. The operator will answer the code phone placing all other calls on hold.
- Tell the operator the location (floor and room number) and whether it is an adult or child.
- The operator will announce 3 times over the hospital-wide intercom - “Code Blue, room # or location and floor”
- For a life threatening emergency in the medical office building (MOB) or Blackwell Road facilities help the victim to the best of your ability and call 911. Do NOT dial “3333.”

Rapid Response
The Rapid response team consists of a multidisciplinary group of critical thinking clinicians who will assist with provision of early interventions, initiate appropriate actions to avert complications and failure to rescue and will prevent unnecessary codes on medical/surgical units. To report a Rapid Response, dial 3333 and identify that you are calling a Rapid Response, your location and whether the patient is an adult or a child.

**Code Red and Fire Safety**

In the event of a fire, these are the steps to be performed in order or simultaneously (RACE):

- **Rescue** any person in immediate danger. This person could be a patient, visitor or employee. Protect yourself - smoke and heat are going to rise - you need to stay close to the floor.

- **Alarm** the Fire Department. There are red pull stations throughout the building that, when activated, sounds the bell-code system, closes fire doors, alerts the Fire Department and Switchboard Operator, who will make an announcement of “**Code Red.**” **Know where pull stations are in your department.**

- **Contain** the fire. Close the door leading to the area where the fire is burning. This will prevent the spread of heat and smoke into the corridor.

- **Extinguish** the fire. There are three types of fire extinguisher: ABC Dry Chemical, BC Carbon Dioxide, and ABC Halon. Prior to entering a room, you should check below the doorknob for heat by placing the back of your hand against the door. If the door is cool to the touch, slowly open the door and check the conditions inside. Always protect yourself first, if the room is too hot or smoky, close the door again and wait for the Fire Department to arrive. **Know where fire extinguishers are in your department.**

  Remember, to operate a Fire Extinguisher:
  
  P Pull the pin
  A Aim the nozzle at the base of the fire
  S Squeeze the handle or trigger
  S Sweep side to side across the base of the fire

If fire conditions worsen, evacuation may be necessary in certain parts of the building. When performing an evacuation of the hospital, remember the three stages:

- **Horizontal** Moving patients through smoke doors to another area on the same floor.
- **Vertical** Moving patients from one floor to another.
- **External** Relocating patients from this hospital to other facilities.

**Code Yellow – Mass Casualty**

The External Disaster Plan outlines actions which should be taken during a Mass Casualty Incident. You should be familiar with this plan. In the event of Mass Casualty Incident from which the hospital is expecting to receive large numbers of casualties, the hospital will implement its External Disaster Plan and request that the switchboard operator announce,
If you are working at the time a “CODE YELLOW” is initiated, you are expected to remain at work until you are relieved by your supervisor. If you are not working and you are notified to come to work, you are expected to report immediately and use the front entrance only. Upon arrival at work you should report directly to the Nursing Office to be assigned to a particular area.

**Code Pink – Infant or Pediatric Abduction**
In the event an infant or child abduction attempt is made or occurs, the following response is implemented.

- CALL 3333 and provide EXACT location, approximate age, and gender of the child.
- Immediately guard all exits to ensure no one leaves the building.
- Each department has specific responsibilities during a code pink. Please read the Code Pink plan on FHnet and discuss your role/responsibility with your supervisor.

**Code Orange - Electrical Safety**
Electrical systems should be grounded since electricity flows naturally to the ground though anything that conducts electricity. Therefore, all electrical appliances and equipment should use a grounding conductor (wire) unless it is double insulated.

If electrical equipment is not properly grounded electricity can flow through a person touching the equipment and cause electrical shock. The longer you are in contact with an electrical source, the more serious the injury will be. Severe electrical shock (macro shock) can cause serious burns or death. A low voltage shock (micro shock) can also cause serious injury or death depending on other contributing factors such as duration of contact and your connection to the shock source. (You may be unable to let go of the shock source due to muscle paralysis and nerve involvement).

**SAFETY TIPS:**
- Use only hospital approved equipment and appliances. All equipment must be checked by the Engineering Department prior to hospital use.
- Do not use extension cords.
- Do not use equipment with damaged cords, plugs, or frayed wires.
- Make sure that a three prong plug has all three prongs prior to use. Never plug a three-prong plug into a two-prong outlet.
- Avoid use of electrical equipment or appliances around water or other fluids.
- Report damaged/cracked wall sockets and damaged equipment to the Engineering Department immediately.

**Code Green – Workplace Violence**
Violence, threats of violence and/or harassment in the workplace can affect the safety and well-being of everyone at FHS. There is a ZERO TOLERANCE standard for violence including all weapons. Code green is a crisis situation of imminent or emergent danger occurring at Fauquier Hospital. There is a response team comprised of Security, Maintenance, and other designated-trained
To initiate a CODE GREEN:

- Dial 3333 and announce CODE GREEN. Provide the department and room number.
- Off-site locations should call 911.

**Code X – Radiation Disaster**
The Radiation Disaster Plan provides guidelines for responding to an emergency responding to a radiation incident within the hospital or community. The Fauquier Hospital Emergency Incident Command System provides structure for instituting the Radiation Disaster Plan. In all likelihood, Emergency Department personnel receive the first notification of a radiation disaster and will initiate the Code X plan.

**Code Zebra – Bioterrorism, Chemical Terrorism, Pandemic**
Rapid identification and implementation of prevention and control measures are critical in successfully managing an incident. If a bioterrorism or chemical terrorism attack is suspected, contact the Infection Control Practitioner (x4735) or House Supervisor for further investigation and institution of the Emergency Operations Plan.

**Code Gray – Hostage Incident**
The plan provides guidelines for responding to an emergency involving a hostage or adult abduction within the hospital or community. During normal business hours, contact the Security Officer on duty and inform them of what has occurred. After normal business hours, notify the House Supervisor.

**Code Weather – Severe Weather Plan**
This plan provides guideline for response in the event of tornado and/or severe storm or an earthquake event. In the event that a tornado or severe storm warning is issued and the threat of a tornado is eminent, the hospital implements its Emergency Operations Plan. Please review your responsibilities during this emergency with your department supervisor.

**Code White – Business Interruption**
A weather-related emergency that is scaled as Level I or Level II based on the magnitude of the emergency and the circumstances surrounding the event. These may include snow, ice storms, flooding, or loss of electricity or power. Call Fauquier Health’s Business Interruption Information Line for updates: 540-316-5633.
Chemical Safety
Chemicals can enter the body in one of four ways:

1. **Inhalation** – breathing in hazardous chemicals can cause dizziness, nausea or headaches and can damage the respiratory system.
2. **Absorption** – contact with chemicals can cause burns, rashes or allergies. It is possible for some chemicals to pass through the skin, eyes or mucous membranes into the bloodstream.
3. **Ingestion** – if you eat, drink or smoke during or after handling chemicals without washing your hands, there is a risk of exposure.
4. **Injection** – a cut or puncture wound could allow chemicals to enter the bloodstream.

**Chemical Spills**: Any spill or leak occurring in this facility should be immediately reported to the Spill Emergency Response Team (SERT). This team can be reached by dialing the Switchboard Operator and notifying this individual of the chemical spill. The SERT, comprised of personnel from Facilities Management and Security Department, has been established to aid departments in cleaning up spills that contain possible hazardous materials. When this team determines a spill is too large to control using in-house resources, additional help can be obtained through Fauquier County Emergency Services by calling 911.

**Labels**: Labels are an important part of hazard identification. The labels on containers can provide key information that you may need to know to work safely with chemicals. As of June 1, 2015, all labels will be required to have pictograms, a signal word, hazard and precautionary statements, the product identifier, and supplies identification. If you see a chemical container without a label or the label has become damaged or illegible, replace it immediately or report it to your supervisor.
Hazard Communication Standard Pictogram

As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.

<table>
<thead>
<tr>
<th>Health Hazard</th>
<th>Flame</th>
<th>Exclamation Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Carcinogen</td>
<td>- Flammables</td>
<td>- Irritant (skin and eye)</td>
</tr>
<tr>
<td>- Mutagenicity</td>
<td>- Pyrophorics</td>
<td>- Skin Sensitizer</td>
</tr>
<tr>
<td>- Reproductive Toxicity</td>
<td>- Self-Heating</td>
<td>- Acute Toxicity</td>
</tr>
<tr>
<td>- Respiratory Sensitizer</td>
<td>- Emits Flammable Gas</td>
<td>- Narcotic Effects</td>
</tr>
<tr>
<td>- Target Organ Toxicity</td>
<td>- Self-Reactives</td>
<td>- Respiratory Tract Irritant</td>
</tr>
<tr>
<td>- Aspiration Toxicity</td>
<td>- Organic Peroxides</td>
<td>- Hazardous to Ozone Layer (Non-Mandatory)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gas Cylinder</th>
<th>Corrosion</th>
<th>Exploding Bomb</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Gases Under Pressure</td>
<td>- Skin Corrosion/Burns</td>
<td>- Explosives</td>
</tr>
<tr>
<td></td>
<td>- Eye Damage</td>
<td>- Self-Reactives</td>
</tr>
<tr>
<td></td>
<td>- Corrosive to Metals</td>
<td>- Organic Peroxides</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Flame Over Circle</th>
<th>Environment</th>
<th>Skull and Crossbones</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Oxidizers</td>
<td>(Non-Mandatory)</td>
<td>- Acute Toxicity (fatal or toxic)</td>
</tr>
<tr>
<td></td>
<td>- Aquatic Toxicity</td>
<td></td>
</tr>
</tbody>
</table>

For more information:
OSHA
U.S. Department of Labor
www.osha.gov (800) 321-OSHA (6742)
SAFETY DATA SHEETS (SDS)
Safety Data Sheets are a summary of the health hazards of a substance or material and associated recommended safe work practices. Look for Safety Data Sheet/MSDS Database in the blue bar on the left side of FHnet. Below are the newest facts related to Safety Data Sheets as required by OSHA. It includes information on the Hazard Communication Safety Data Sheets and the Global Harmonization Pictograms. Be familiar with safety data sheets for all chemicals in your workplace. Always read the SDS before starting a job with a new chemical.

Hazard Communication Safety Data Sheets

The Hazard Communication Standard (HCS) requires chemical manufacturers, distributors, or importers to provide Safety Data Sheets (SDSs) (formerly known as Material Safety Data Sheets or MSDSs) to communicate the hazards of hazardous chemical products. As of June 1, 2015, the HCS will require new SDSs to be in a uniform format, and include the section numbers, the headings, and associated information under the headings below:

Section 1, Identification includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.
Section 2, Hazard(s) identification includes all hazards regarding the chemical; required label elements.
Section 3, Composition/information on ingredients includes information on chemical ingredients; trade secret claims.
Section 4, First-aid measures includes important symptoms/ effects, acute, delayed; required treatment.
Section 5, Fire-fighting measures lists suitable extinguishing techniques, equipment; chemical hazards from fire.
Section 6, Accidental release measures lists emergency procedures; protective equipment; proper methods of containment and cleanup.
Section 7, Handling and storage lists precautions for safe handling and storage, including incompatibilities.
Section 8, Exposure controls/personal protection lists OSHA's Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs); appropriate engineering controls; personal protective equipment (PPE).
Section 9, Physical and chemical properties lists the chemical's characteristics.
Section 10, Stability and reactivity lists chemical stability and possibility of hazardous reactions.
Section 11, Toxicological information includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.
Section 12, Ecological information*
Section 13, Disposal considerations*
Section 14, Transport information*
Section 15, Regulatory information*
Section 16, Other information, includes the date of preparation or last revision.
*Note: Since other Agencies regulate this information, OSHA will not be enforcing Sections 12 through 15.

Employers must ensure that SDSs are readily accessible to employees.
See Appendix D of 1910.1200 for a detailed description of SDS contents.

For more information: www.osha.gov
(800) 321-OSHA (6742)
Radiation Safety

- Radiation is energy traveling through space. Sunshine is one of the most familiar forms of radiation. It delivers light, heat and sun tans. We control its effect on us with sunglasses, shade, air conditioners, hats, clothes and sunscreen.

- Beyond ultraviolet are higher energy kinds of radiation which are used in medicine and which we all get in low doses from space, from the air, and from the earth. Collectively we can refer to these kinds of radiation as ionizing radiation. It can cause damage to matter, particularly living tissue. At high levels it is therefore dangerous, so it is necessary to control our exposure.

**Natural Sources of Radiation:** Ourselves (elements that make up our bodies such as potassium 40), the sun, and radioactive minerals in the earth’s crust.

**Manmade Sources of Radiation:** Medical products such as X-rays and radioisotopes; consumer goods: cigarettes, smoke detectors, microwaves, television; fallout from nuclear weapons; and nuclear energy.

**Three Golden Rules of Radiation Safety:** Time, Distance, and Shielding

**Time:** For people who are exposed to radiation (in addition to natural background radiation) through their work, the dose is reduced and the risk of illness essentially eliminated by limiting exposure time.

**Distance:** The intensity of radiation decreases with distance from its source. **Increase** the distance between you and the radiation source to a minimum of 6 feet.

![Image of a portable X-ray machine and a radiation worker]

**Shielding:** A lead barrier gives good protection from penetrating radiation. Shield yourself with a lead apron to minimize exposure.

**ALARA** is an acronym for “as low as reasonably achievable”. Limit radiation exposure to: **As Low As Reasonably Achievable**

**Radiation and Pregnancy:** Pregnant women should avoid exposure to radiation associated with patient care and routine X-rays.

**Tips to Remember:**
- **DO NOT** enter a room when the “X-RAY IN USE” light is on.
- Always wear a lead apron when in the room during any radiological exam.
• Stay out of Radiology exam rooms during exams whenever possible to minimize your exposure to radiation.

**MRI Safety for Non-MRI Personnel**

MRI scanners contain powerful magnetic fields that are always on, even when the scanner is not in use. The magnetic fields are invisible and can cause accidents, injuries, and damage to equipment. Anyone who works in or around an MRI facility, or who may encounter them in the event of an emergency, can prevent MRI-related accidents and injuries.

**Important Tips:**
- Dangers exist even when a patient is not being imaged; **do not** enter unless trained and authorized.
- If you enter the room where the MRI system is located, you will be exposed to the powerful magnetic field.
- Remove ALL metallic belongings before entering the MRI system room.
- Make sure ahead of time that emergency equipment is nonmagnetic or otherwise acceptable for use in the MRI system room. A MRI safe stretcher is located outside of the MRI suite.
- If you have questions or concerns, discuss with the MRI technologist or radiologist.

**Body Mechanics**

The spine functions to support the upper body, protect the spinal cord, and allow the body to move freely. Annually, one in three workers will injure their back, with the major cause being lifting. Nine out of ten people will experience back pain some time in their lives. Therefore, it is important to remember the following:

- When lifting be sure to keep the load close to your body and the weight over your feet. Do not bend from the waist to pick up objects from the floor.
- Bend at the knees and let your leg muscles do the lifting. Avoid twisting and lifting at the same time.
- Maintain good posture when sitting, standing, and walking. Improper posture on a regular basis can cause back pain and injury over time.
- When pushing or pulling an object do not lean forward. Keep the object close to your body and use both arms.
Fauquier Hospital implemented a Safe Patient Handling (SPH) program in 2012. All patient care providers are responsible for reading the policy (PC-67) and demonstrating competence to use the appropriate lift equipment during department orientation. You are held accountable for following the SPH algorithm that is provided at the end of the policy.

**Facts:**
- There is no evidence to support back belts are effective. In some cases, they have been shown to actually increase risk by creating a sense of false security.
- Staff in excellent shape are exposed to greater risk as peers are more likely to ask them for help.
- The long term benefits of proper equipment far outweigh the costs related to patient care related injuries.
- With any transfer, human effort is required and always poses possibility of injury – lifts do eliminate extreme stress on caregiver and reduce the risk of injury.
- Staff do not use equipment for several reasons including lack of training and administrative support.

**Safe Patient Handling Initiative 2013 Report Card**
Goal: 30% Reduction

Actual: 82% REDUCTION!
Orientation Self-Study Guide Quiz

1. Match the term on the left to the description on the right:

A. Teamwork 1. Consistently providing outstanding service and individualized care to our patients, visitors, staff and community. ____

B. Integrity 2. Providing a caring environment conducive to healing that responds to the physical, emotional and spiritual needs of the patients we serve. ____

C. Service Excellence 3. Dedicated to achieving superior outcomes for the health of our community. ____

D. Quality 4. Encouraging coworkers to develop their skills and abilities and sharing information with coworkers to achieve a job well done. ____

E. Stewardship 5. Behaving ethically by demonstrating honesty, maintaining high standards and doing the right thing even when nobody is looking. ____

F. Compassion 6. Safety is everyone’s responsibility. Fauquier Health strives to provide a safe and healthy environment for patients, residents and employees. ____

G. Safety 7. Effectively utilizing the organizations resources in the most efficient way possible while achieving a superior outcome. ____

2. The Planetree Model of Care:
   a. Is patient-centered and holistic.
   b. Promotes mental, emotional, spiritual, social, and physical healing.
   c. Empowers patients and families through the exchange of information.
   d. All of the above

3. The Fauquier Health Corporate Compliance Plan is a comprehensive plan that ensures compliance with all Federal and State laws and regulations.
   a. True
   b. False

4. Under the Fauquier Health Code of Conduct each employee, person or entity associated with Fauquier Health is expected to act with integrity, focus on quality (especially the quality of patient care) and diligently adhere to all Federal and State laws.
5. If you suspect that someone at Fauquier Health is filing false billing claims you would:
   a. Contact the FBI
   b. Call the State Police
   c. Notify the Compliance Officer
   d. Call security

6. The Joint Commission is
   a. An organization governing orthopedic surgery.
   b. A non-profit organization that sets standards and accredits healthcare organizations.
   c. An association of hospitals and rehabilitation facilities.
   d. A state association that dictates hospital policy.

7. According to the Health Insurance Portability and Accountability Act (HIPAA), patients have the right to:
   a. Review their medical record
   b. Request restrictions on who sees their medical record
   c. Receive a list of all disclosures of their medical information
   d. Complain about privacy violations
   e. All of the above

8. Protected Health Information (PHI) is:
   a. Information the physician decides not to tell the patient
   b. Information the patient does not want included in the medical record
   c. Information for the family only
   d. Any information, electronic, written or oral, which is individually identifiable and can be linked to a specific patient, is considered Protected Health Information.

9. According to the HIPAA Privacy Rule, patient information can be shared with other health care providers or insurance providers as long as the information is being used for treatment, payment or healthcare operations.
   a. True
   b. False

10. The HIPAA Security Rule establishes standards to protect electronic protected health information. What can you do to help secure PHI?
    a. Don’t leave computer screens in public areas, including hallways, offices and nurse’s stations unattended with patient information on the screen.
    b. Don’t share your password
    c. Log out of computer when finished
    d. All of the above

11. What is the most effective method in preventing the spread of infection?
a. Handwashing  
b. Lysol wipes  
c. Disinfectant spray  
d. Wearing gloves, gowns and protective goggles  
e. All of the above

12. If you are exposed to another person’s blood or body fluids: 
   a. Call the CDC  
   b. Immediately take a shower and change your clothes  
   c. Immediately report it to the employee health nurse or the nursing supervisor.  
   d. Wipe yourself down with alcohol swabs  
   e. It is not necessary to do anything

13. There is a vaccine for which of the following blood borne diseases:  
   a. Hepatitis B  
   b. Hepatitis C  
   c. Human Immunodeficiency Virus (HIV)  
   d. Tuberculosis  

14. Tuberculosis is transmitted by:  
   a. Airborne droplets from sneezing, coughing and talking  
   b. Contaminated drinking water  
   c. Contaminated food  
   d. Handshaking

15. If you recognize a life threatening emergency in the hospital, call 3333 and tell the operator the location of the emergency.  
   a. True  
   b. False

16. Safety Data Sheets (SDS):  
   a. Summary of health and safety hazards for chemicals and other substances used in the hospital.  
   b. Can be accessed on FHnet, the Fauquier Health Intranet  
   c. Include chemical physical and chemical characteristics, health hazards, and safe disposal and handling  
   d. All of the above

17. Rescue, alarm, contain and extinguish (RACE) is an acronym for appropriate action in the case of:  
   a. Hurricane  
   b. Tornado  
   c. Fire  
   d. Blizzard
18. When using a fire extinguisher, remember “PASS” which stands for:
   a. Play Around Sprinkler System
   b. Pull Aim Squeeze Shout
   c. Plan Aim Stand Shout
   d. Pull Aim Squeeze Sweep

19. Use only hospital approved electrical equipment.
   a. True
   b. False

20. Report damaged/cracked wall sockets and damaged equipment to the Engineering Department immediately.
   a. True
   b. False

21. All patient care clinicians are expected to use the Safe Patient Handling algorithm.
   a. True
   b. False

22. HCACPS measures:
   a. Health Care Initiatives
   b. Pain Levels
   c. Food Service Safety
   d. Patient Satisfaction

** Please fax, email, or mail your completed quiz prior to your first day**