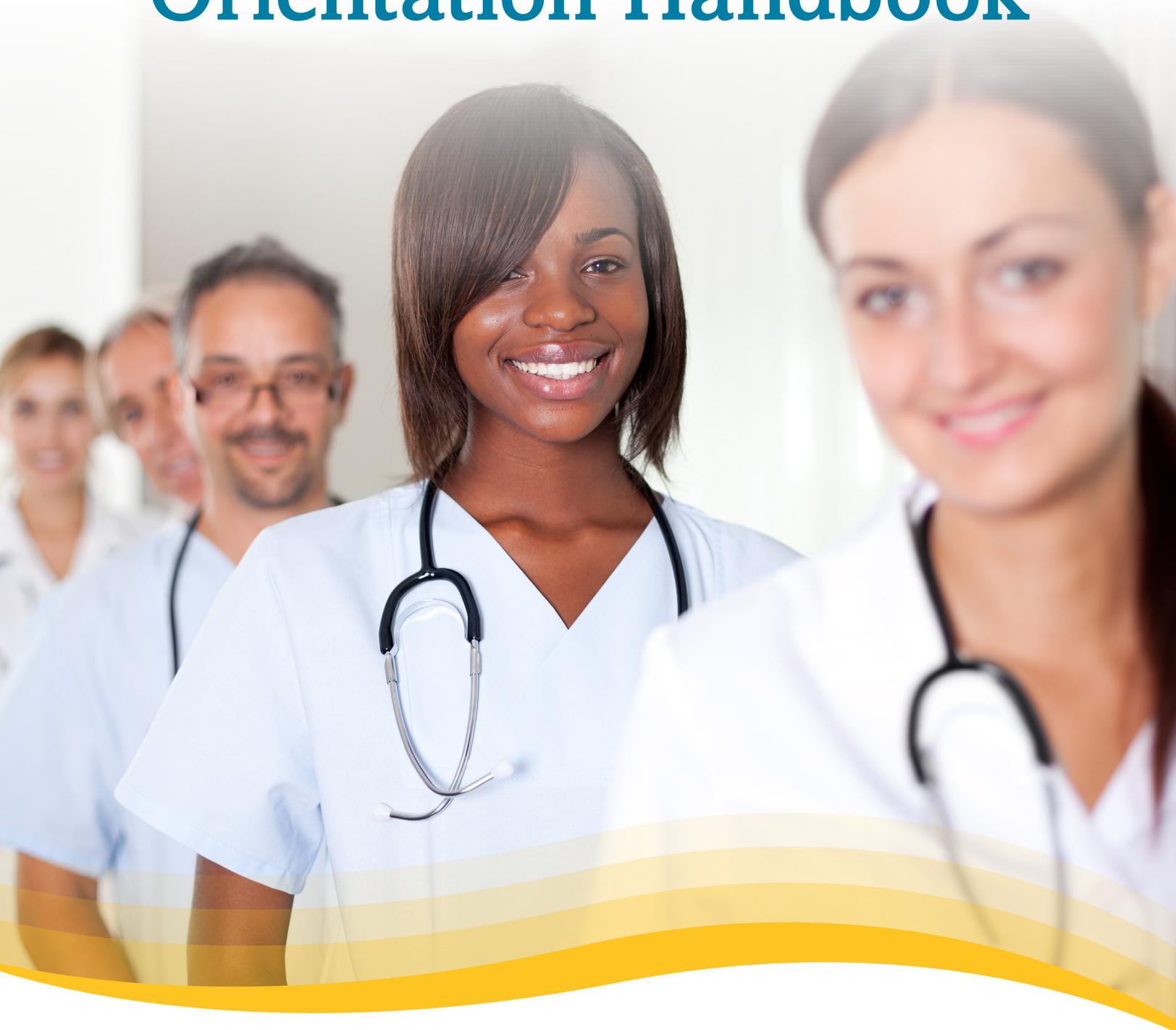


Student Observer Orientation Handbook



Welcome to Lakeland

About Us

Lakeland Health is a not-for-profit, community-owned health system, which includes three hospitals, an outpatient surgery center, The Marie Yeager Cancer Center, rehabilitation services, homecare, hospice, laboratory services, diagnostic imaging, physician practices, and long-term care. The history of Lakeland dates back more than a century, when our hospitals first began meeting the needs of southwest Michigan residents. Today, we are proud to continue that tradition of service to our neighbors with excellent, compassionate care.

Our People

Lakeland has over 4,000 employees, who provide clinical and support services throughout southwest Michigan.

Commitment to the Community

A non-for-profit, community-owned organization, Lakeland Health is governed by a board of directors made up of volunteers from southwest Michigan. The system reinvests a substantial portion of its net income back into the community in the form of new and upgraded facilities, subsidized care, free or low-cost outreach, education and prevention programs. In all, Lakeland returns millions of dollars back to the community through its programs and direct support of patients. The hospitals of Lakeland have always offered essential health care services to everyone, regardless of their ability to pay. Lakeland continually works to create an integrated system of care that is accessible, affordable, compassionate, and responsible.

Important Phone Numbers

General Information

(800) 968-0115

www.lakelandhealth.org

Center for Outpatient Services, St. Joseph

(269) 556-2800

Hospice at Home, a Lakeland Health Affiliate

(269) 429-7100

Lakeland Hospital, Niles

(269) 683-5510

Lakeland Hospital, Watervliet

(269) 463-3111

Lakeland Medical Center, St. Joseph

(269) 983-8300

Margaret Beckley Upton

Center for Health Enhancement

(866) 260-7544

24-hour Physician Referral Line

(800) 303-8399

Scheduling Line

(866) 408-1311

You can avoid potential wait times by scheduling an appointment for lab tests or diagnostic imaging. Ask your physician for more information.

Mission, Vision, & Values

Mission and Vision

The Lakeland Health Mission

To enhance health and serve our community

The Lakeland Health Vision

To positively transform healthcare and the health choices of those we serve and employ

Our Values

The following values are extremely important to us in our pursuit to better serve our patients and the community:

★ Teamwork

We value **TEAMWORK**. We recognize that highly effective and highly reliable teams are required to deliver exceptional patient care. We are committed to work collaboratively and to recognize daily the contributions of others. We will freely and promptly share information with those who need it from us or from our department.

★ Respect

We will treat others with **RESPECT**. We value the opinions, beliefs, and desires of those with whom we work and those it is our privilege to serve. We are committed to appreciate and learn from the rich diversity within our workplace and among our patients and their families. We will make it safe for others to speak up, disagree, share concerns, make suggestions, question decisions, admit mistakes or try new ways to improve our care.

★ Accountability

We will ensure **ACCOUNTABILITY**. We will take responsibility for all that happens in our area. We will not blame others but will work with our team to resolve any issue that stands in the way of taking exemplary care of our patients and of each other. We will respectfully confront those who may not be living up to Lakeland's mission and core values regardless of their role or position. We will escalate any problems that we are unable to resolve to those best positioned to help.

★ Inspiration

We will work to be an **INSPIRATION**. We understand that it is a privilege to be entrusted with the life and health of those we serve. We understand the difference between just showing up and being fully engaged. Each and every day, through our words and our actions, we will strive to inspire those around us to be their best and to give their best.

★ Trust

We will **TRUST**. We will behave in a way that earns and conveys the sense that we can rely on each other with confidence. When we don't fully understand the intent or decision of those around us we will first look for a charitable, rather than a critical, explanation. We will always assume first the good intentions of others. We will behave, and ensure that others behave, in ways that are always ethical and unquestionably honest.

★ Safety

We will focus on **SAFETY**. Each and every day we will remain focused on preventing harm to patients, visitors and associates. We will continuously watch for, and immediately intervene, when anyone may be at risk for physical or emotional harm. Safety is our job wherever we are and whatever we do. We will require all those we encounter to understand and behave in ways that are safe.

Senior Leadership Team



Loren B. Hamel, MD
President and
Chief Executive Officer



David Burghart
Vice President, Philanthropy
President, Lakeland Health
Foundations



Tim Calhoun
Vice President, Finance, and
Chief Financial Officer



Ray Cruse
Chief Executive Officer, Lakeland
Hospital, Watervliet; Vice President,
Strategy and Business Innovation



Lowell Hamel, MD
Vice President, Medical Affairs;
Chief Medical Officer;
Co-Chief Quality Officer



Kenneth O'Neill, MD
Vice President of
Clinical Integration



Mary Ann Pater, JD, RN
Vice President, Legal Affairs/
Risk Management; Chief
Compliance Officer



Norma Tirado
Vice President of Human
Resources, Health Information
Technology, and Organizational
Transformation and Chief Talent
and Transformation Officer



Kendall Troyer
Vice President of Diagnostic
and Outpatient Services



Warren White, Jr.
Vice President, Lakeland
Physician Practices



Eileen Willits, RN, PhD
Vice President, Patient Care Services;
Chief Nurse Executive; Co-Chief
Quality Officer



Karen Kinyon
Assistant Vice President
of Quality, Safety, and
Performance Management



Robin Sarkar
Assistant Vice President of
Information Systems and Chief
Information Officer

For a current list of Board of Directors
and Medical Directors, visit
www.lakelandhealth.org/aboutlakelandhealth

Awards & Accreditation

Lakeland has received a number of accreditations not only for the quality of care we provide, but also for the quality of our employees. These accreditations signify our commitment and dedication to providing the highest quality of care to our patients.

- American Academy of Sleep Medicine
- American Association of Blood Banks
- American College of Radiology
- American College of Surgeons
- American Hospital Association (AHA)
- Clinical Laboratory Improvement Act (CLIA)
- College of American Pathologists
- Commission on Cancer of the American College of Surgeons
- Community Health Accreditation Program
- Healthcare Quality Association on Accreditation
- The Joint Commission
- Mammography Quality Standards Act
- Michigan Hospital Association (MHA)
- Professional Services Board for the American Speech and Hearing Association
- Society of Chest Pain Center Accreditation
- Voluntary Hospitals of America (VHA)
- Volunteer Health Professionals (VHP)

For a complete list of achievements please visit www.lakelandhealth.org/awards



Our History

The history of Lakeland Health begins in 1899 with the inception of Mercy Hospital, located in Benton Harbor, Michigan. Since that time, we have experienced mergers, consolidations and growth, creating the Lakeland Health system we know today.

The history of Lakeland has created the financially strong institution it is today. We are a not-for-profit, community-owned system of care serving southwest Michigan—Berrien, Cass and Van Buren counties.

Our system includes 473 physicians offering a wide range of specialties, and 397 acute-care beds. Our community benefits include services such as health, safety, wellness and prevention events and various instructional courses. We are proud of our growth and success, which has allowed us to offer our community the highest-quality health care available.

Growth

- 1899** Mercy Hospital opens in Benton Harbor
- 1951** Memorial Hospital opens in St. Joseph
- 1977** Memorial Hospital (St. Joseph) and Mercy Hospital (Benton Harbor) merge
- 1992** Pawating Hospital (Niles) merges with Mercy Memorial Hospital, forming Lakeland Regional Health System; Pawating Hospital becomes Lakeland Hospital, Niles
- 1994** Berrien General Hospital merges with Lakeland; in 1999, the facility was renamed Lakeland Specialty Hospital, Berrien Center
- 2002** Center for Outpatient Services, St. Joseph opens in Royalton Township
- 2009** Inpatient addition opens at Lakeland Medical Center, St. Joseph
- 2010** Southwestern Medical Clinic becomes a Lakeland Health Affiliate
Community Hospital of Watervliet merges with Lakeland, becoming Lakeland Hospital, Watervliet
- 2011** The Marie Yeager Cancer Center opens
Hospice at Home becomes a Lakeland Health Affiliate
- 2012** Lakeland Medical Suites, Niles opens to the public
The new and expanded Emergency Department opens at Lakeland Hospital, Watervliet
- 2013** The new and expanded Emergency Department opens at Lakeland Hospital, Niles
Hanson Hospice Center opens to the public
Pine Ridge Nursing and Rehabilitation opens



Lakeland Hospital, Niles



Lakeland Medical Center, St. Joseph



Lakeland Hospital, Watervliet



Center for Outpatient Services, St. Joseph

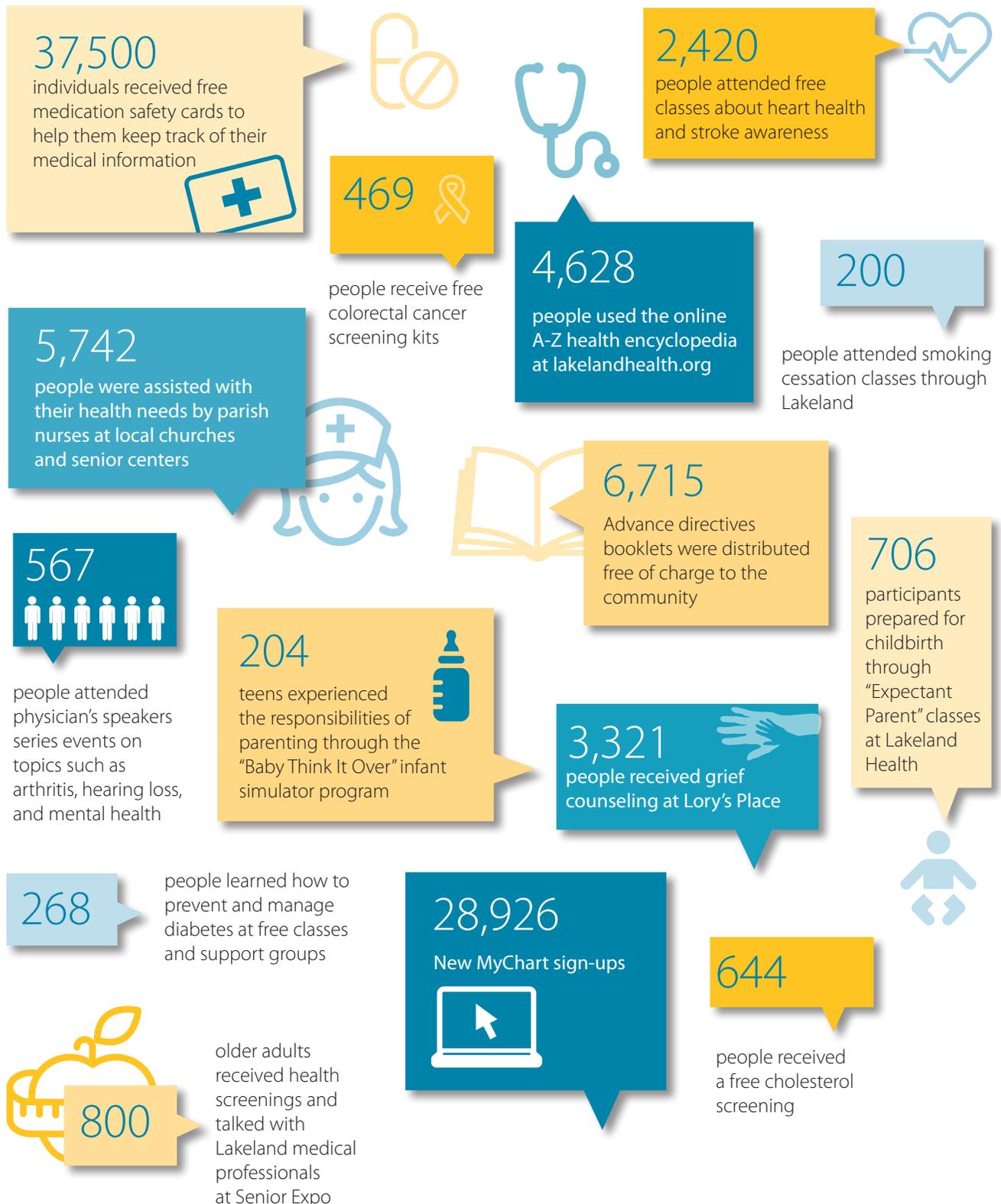


Hanson Hospice Center



Pine Ridge Nursing and Rehabilitation

Fast Facts- 2014



Patient-Centered Care

Patient-Centered Care is organized around the needs and priorities of the patients and their families. Work is not driven by the tasks we do, but by the care we provide. At Lakeland Health, Patient-Centered Care is an important aspect of our culture.

Patient-Centered Care Principles:

- Relationships between patients, families, and caregivers are at the heart of care delivery.
- Informed caring is knowledge and skills.
- Everyone has a valuable contribution to make.
- A therapeutic relationship between the patient/family and a professional nurse is core to quality care.
- Healthy work relationships and environments result in high patient, staff, and physician satisfaction.
- People are most satisfied when their roles and daily work practices are in alignment with their personal and professional values.
- Empowerment and ownership of work and practice are essential elements of Patient-Centered Care.
- Transformational change happens one relationship at a time.

Patient-Centered Care Behaviors:

- Effective communication is an opportunity to convey caring and compassion to our patients and families. Often, the way information is communicated is as important as the information itself. Providing clear, thorough explanations to patient questions can provide patients with a sense of power and control over their care. When patients feel they are being listened to, they are more likely to be actively engaged in their health care.
- Being responsive to patient needs such as call lights, toileting needs, and pain management, can help reassure patients. Prompt response to patient needs sends a powerful message to patients who are dependent on caregivers and helps to decrease feelings of powerlessness.
- A clean and quiet environment is reassuring to patients and creates a positive impression of the care they are receiving. If a patient's expectations of a clean room and linens are not met, the patient may question the quality of the care being provided. Patients also know they need to rest when healing. When a quiet and restful environment is not provided, patients question the quality of care.

Patient Bill of Rights

At Lakeland, we pledge to treat all of our patients fairly and in accordance with the following principles:

Access to Care

You have the right to know the names of your caregivers.

You have the right to get a list of your current medications.

You will not be denied appropriate care on the basis of race, religion, color, national origin, age, sex, sexual preference, marital status, handicap, or source of payment.

You are entitled to adequate and appropriate medical care and the right to expect reasonable continuity of care during your hospital stay, including help planning for your discharge.

We will inform you if you need care or services that Lakeland is unable to provide. We will then provide you with alternatives, including transfers to other care providers if that is necessary and medically advisable.

You have the right to have your pain assessed, managed and controlled.

Respect and Dignity

You have the right to considerate, respectful care which recognizes your individuality and personal dignity.

You are entitled to privacy, to the extent possible, in treatment and in caring for your personal needs.

The hospital can not ask you to perform services unless it is part of your therapy.

Decision Making

You and your family, where appropriate, have the right to be informed about and participate in decisions regarding your care.

You have the right to participate in ethical questions that arise during the course of your care, including issues of conflict resolution, withholding resuscitative services, forgoing or withdrawal of life-sustaining treatment, and participation in investigational studies or clinical trials.

You have the right to refuse treatment and to be informed of the consequences of refusal.

Privacy and Confidentiality

Your medical care and treatment records will be kept strictly confidential and will only be used or disclosed as permitted by law. You may inspect or, for a fee, receive a copy of your records.

You may request transfer to another room if another patient or visitors in your room are disturbing you.

Anyone not directly involved in your care must have your permission to be present.

You may meet privately with your family and consult with a specialist, an attorney, or any other person of your choice according to hospital policies. You have the right to access protective services and our care managers can assist you with this.

Patient Bill of Rights *continued*

Grievances

You have the right to know if something goes wrong with your care.

You are entitled to pursue your rights and may present grievances or recommend changes in policies and services to our staff, or to another person of your choice. You are entitled to information about Lakeland's policies and procedures on how to start, review and resolve complaints.

Lakeland encourages you to submit your concerns or complaints directly to them by calling **(269) 983-8624**. Efforts will be made to resolve your concerns promptly. Additionally, a Citizen's Guide to Filing a Complaint Against a Licensed Health Care Facility pamphlet is available in the lobbies of Lakeland hospitals.

Personal Safety

You have the right to safe care.

You have the right to expect security, personal privacy and confidentiality while being treated.

You are entitled to be free from mental and physical abuse and chemical and physical restraints. Exceptions to those restraints must be authorized in writing by your doctor for a specified and limited time, or as necessitated by an emergency to protect you from hurting yourself or others.

Information and Communication

If you do not speak or understand English, we will provide you with an interpreter.

You are entitled to send and receive mail, unopened, on the same day it is received at Lakeland. You may make and receive telephone calls. Any restrictions on your ability to communicate will be made by your doctor, with your participation, and will be fully explained to you.

You or your family, where appropriate, will be informed about the outcomes of care, including any unanticipated outcomes.

You have the right to receive a full explanation of any proposed treatments or procedures including: potential benefits and drawbacks, potential problems related to recuperation, the likelihood of success, the possible results of non-treatment and any significant alternatives.

General Safety Codes

Each department holds **The Emergency Preparedness Quick Reference Guide** that contains references you will need before and during emergencies of all types. The guide can also be used as a reference to answer surveyors' questions during Joint Commission accreditation visits. Please speak with your manager and/or preceptor to learn where your department's guide is located and how to use it in times of emergency.

The guide contains information on the following codes:

- Code Blue (Cardiac Arrest)
- Dr. Armstrong (Security Response)
- Code Purple (OB Emergency)
- Code West (Disruptive Person)
- Code Green (Missing Patient)
- Code Orange (Bomb Threat)
- Code Red (Fire)
- Code Pink (Infant Abduction)
- Code Silver (Criminal Activity)
- Code Yellow (Radiological/Nuclear)
- Code 3 (Major Incident)
- And many more...

Your role is to become familiar with these codes by understanding what your responsibilities are in each emergency.

Your manager and/or preceptor will be orienting you to any of your department's specific situations.

2015 National Patient Safety Goals

Identify Patients Correctly

- Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
- Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve Staff Communication

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

Use Medicines Safely

- Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- Take extra care with patients who take medicines to thin their blood.
- Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. 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

- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent Infection

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

- Use proven guidelines to prevent infection of the blood from central lines.
- Use proven guidelines to prevent infection after surgery.
- Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify Patient Safety Risks

- 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.
- Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use proven guidelines to prevent infection after surgery.
- Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Prevent Mistakes in Surgery

- 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.
- Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use proven guidelines to prevent infection after surgery.
- Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

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

Confidentiality

Associates and volunteers of Lakeland Health have an ethical and legal responsibility to keep all information regarding any patient or associate confidential. This includes any information within any data collection system. Information is:

- Not to be discussed with others within Lakeland unless sharing this information is necessary for one to perform a job as stated in the job description or procedure.
- Not to be discussed with family, friends, acquaintances, or other patients.
- Not to be copied unless required as part of one's job.

Any information about a patient's condition, care, treatment, or personal data is not to be discussed with anyone other than those directly responsible for that patient's care and treatment. Patient's medical information is not to be discussed outside the realm of patient care issues and then, only with the patient's written consent. Demographic information that does not identify the patient by name or street address, such as age, sex, or race is not considered confidential unless the patient requests that no information be given to the public. Any information that reveals the nature of the patient's diagnosis is considered confidential. Any diagnoses, procedures, treatments, and symptoms are considered confidential medical information and are only to be released with written authorization from the patient or guardian or in accordance with laws and regulations.

Requests for information concerning present or former associates are to be referred to Human Resources. Requests for confidential information concerning patients, not addressed in departmental policies must be referred to the Health Information Management Department.

Any violation of this policy by an associate may be cause for immediate dismissal.

HCAHPS Information

Overview

The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. HCAHPS (pronounced "H-caps"), also known as the CAHPS® Hospital Survey, is a survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience. While many hospitals have collected information on patient satisfaction for their own internal use, until HCAHPS there was no national standard for collecting and publicly reporting information about patient experience of care that allowed valid comparisons to be made across hospitals locally, regionally and nationally.

Three broad goals have shaped HCAHPS. First, the survey is designed to produce data about patients' perspectives of care that allow objective and meaningful comparisons of hospitals on topics that are important to consumers. Second, public reporting of the survey results creates new incentives for hospitals to improve quality of care. Third, public reporting serves to enhance accountability in health care by increasing transparency of the quality of hospital care provided in return for the public investment. With these goals in mind, the Centers for Medicare & Medicaid Services (CMS) and the HCAHPS Project Team have taken substantial steps to assure that the survey is credible, useful, and practical.

HCAHPS Content and Administration

The HCAHPS survey asks discharged patients 27 questions about their recent hospital stay. The survey contains 18 core questions about critical aspects of patients' hospital experiences (communication with nurses and doctors, the responsiveness of hospital staff, the cleanliness and quietness of the hospital environment, pain management, communication about medicines, discharge information, overall rating of hospital, and would they recommend the hospital). The survey also includes four items to direct patients to relevant questions, three items to adjust for the mix of patients across hospitals, and two items that support Congressionally-mandated reports.

The HCAHPS survey is administered to a random sample of adult patients across medical conditions between 48 hours and six weeks after discharge; the survey is not restricted to Medicare beneficiaries. Hospitals may either use an approved survey vendor, or collect their own HCAHPS data (if approved by CMS to do so). To accommodate the needs of hospitals, HCAHPS can be implemented in four different survey modes: mail, telephone, mail with telephone follow-up, or active interactive voice recognition (IVR). Hospitals can use the HCAHPS survey alone, or include additional questions after the core HCAHPS items. Hospitals must survey patients throughout each month of the year. The survey is available in official English, Spanish, Chinese, Russian and Vietnamese versions. The survey and its protocols for sampling, data collection and coding, and file submission can be found in the HCAHPS Quality Assurance Guidelines, Version 5.0, which is available on the official HCAHPS website, www.hcahpsonline.org.

HCAHPS Information *continued*

HCAHPS Measures

For each participating hospital, ten HCAHPS measures (six summary measures, two individual items and two global items) are publicly reported on the Hospital Compare website, www.hospitalcompare.hhs.gov. Each of the six summary measures, or composites, is constructed from two or three survey questions. Combining related questions into composites allows consumers to quickly review patient experience of care data and increases the statistical reliability of these measures. The six composites summarize how well nurses and doctors communicate with patients, how responsive hospital staff are to patients' needs, how well hospital staff help patients manage pain, how well the staff communicates with patients about medicines, and whether key information is provided at discharge. The two individual items address the cleanliness and quietness of patients' rooms, while the two global items report patients' overall rating of the hospital, and whether they would recommend the hospital to family and friends. Survey response rate and the number of completed surveys, in broad ranges, are also publicly reported.

HCAHPS and Public Reporting

Publicly reported HCAHPS results are based on four consecutive quarters of patient surveys. CMS publishes participating hospitals' HCAHPS results on the Hospital Compare website (www.hospitalcompare.hhs.gov) four times a year, with the oldest quarter of patient surveys rolling off as the most recent quarter rolls on. A downloadable version of HCAHPS results is also available through this website. The number of hospitals that publicly report HCAHPS results has increased from 2,521 in March 2008 to 3,774 in July 2010. Additional HCAHPS results can be found on HCAHPS On-Line, (www.hcahpsonline.org), including a summary of state and national results, the "topbox" percentiles for the ten HCAHPS measures, a table of inter-correlations of the HCAHPS measures, and a bibliography of HCAHPS research publications.

To ensure that publicly reported HCAHPS scores allow fair and accurate comparisons across hospitals, it is necessary to adjust for factors that are not directly related to hospital performance but which affect how patients answer HCAHPS survey items. CMS and the HCAHPS Project Team perform adjustments that eliminate any advantage or disadvantage in scores that might result from the survey mode employed or from characteristics of patients that are beyond a hospital's control. In addition, the HCAHPS Project Team undertakes a series of quality oversight activities, including inspection of survey administration procedures, statistical analyses of submitted data, and site visits of HCAHPS survey vendors and self-administering hospitals, to assure that the HCAHPS survey is being administered according to the protocols.

Emergencies & Safety

Emergency Snow Plan

In order to respond to staffing and other issues that arise due to heavy snow accumulation, Lakeland has an emergency snow plan.

- The CEO or designee will make the decision to put the Emergency Snow Plan into effect.
- The Nursing Administration Office will act as the Control Center.
- The switchboard will announce when the plan is in effect and upon its completion.
- Security will post “Snow Emergency in Effect” signs at all entrances.
- Security has a list of volunteer drivers with four-wheel drive vehicles. Staff will be transported as deemed appropriate by the Control Center.
- All departments will maintain a minimum staffing level.

Please refer to the red Quick Reference Emergency Preparedness Guide for specific information.

Hotline Number for Emergencies

Anytime you need to report a code or emergency, use the hotline number: 1111

If you work on-site at one of the three hospitals, this number connects you immediately with the hospital operator. Be sure to give the operator the following information:

- Type of code or emergency
- Location of the emergency

At other locations, activate the Berrien County emergency response system by using an outside line to dial 911. Again, remember to indicate the nature and location of the emergency. Stay on the line until told to disconnect or help arrives.

Be sure to fill out the appropriate incident report following the emergency and send it to Performance Support.

Exiting the Building Safely

A security officer patrols parking areas during shift change times. If you leave the building at a time other than shift change, you should always try to leave with a group or another associate. If it is not possible for you to leave with someone, please call security and request an escort to your vehicle. Give the security staff some advance notice by calling before you are ready to leave. Wait for your escort to arrive before leaving the building.

When you leave the building, be aware of your surroundings. If you see unknown people loitering around entrances, parking lots, or your vehicle, notify security immediately. Give your vehicle a quick visual check before unlocking or getting into it. Check to be sure no one is under or behind the vehicle, or hiding behind seats. When you get out of your vehicle, lock it. Don't leave your vehicle running while unattended, such as during “warm-ups” or getting the air-conditioning running.

Consider purchasing a safe chemical-defense spray. If you get one, carry the spray in one hand and keys in the other while traveling to and from parking areas. Test the spray regularly and do not keep it beyond the expiration date.

Theft Prevention

Do not take items out of the hospital without a package removal pass. You can get a pass from your supervisor. The pass will include the name of the person removing the item, a description of the item, the date and time the item is to be removed, and a signature from an authorizing supervisor.

Radiation Safety

Where Radiation is Found

As a healthcare worker, you know that radiation is an important tool for detecting and treating diseases. The medical field would be virtually lost without radiation. Several departments throughout the hospital use or produce radiation.

Some of the places where radiation is used or produced include:

- Radiology
- Nuclear Medicine
- Surgery
- Oncology

It is important to remember that not all radiation is bad; however, some safety precautions must be followed.

Radiation Safeguards

Radiation is one of the most highly regulated occupational fields. You are protected by many safeguards, such as exposure limits. There are three ways to reduce any unnecessary, prolonged exposure or overexposure to radiation:

- Time – Limit the amount of time near a source of radiation.
- Distance – Increase the amount of space between yourself and a source of radiation.
- Shielding – Wear protective lead shielding when working with radiation.

If you routinely work in an area where radiation is used or produced, you will have a film badge to wear to monitor your exposure to radiation. Your film badge will be checked every month. If you occasionally work in an area where radiation is used or produced, you will be provided with a temporary film badge.

Warning Signs

Warning signs will be posted in areas where radioactive materials are present. You should not enter a room with a warning sign unless you have received special training and use the three radiation safeguards.

MRI Safety

MRI stands for “Magnetic Resonance Imaging.” It works by using massive magnetic fields to deflect atoms and cause them to emit tiny signals that can be localized. These produce computer-constructed images of amazing detail. For instance, MRI scanners can resolve detail in the brain and spinal cord so fine that the individual plaques in multiple sclerosis can be seen.

There are two main safety issues to be aware of:

- Ferromagnetic Issues
- Cryogen Safety Issues

Ferromagnetic Issues

Remember, the MRI is an extremely powerful magnet. Items that have inadvertently found their way into MRI scanners include fans, tile rollers, tile cutters, ID badges, pens and pencils, clips, buffing machines, pacemakers, magnets, vacuum cleaners, hearing aids, calculators, nail clippers, sand bags, pagers, jewelry, gurneys, fork lift tines, pulse oximeters, IV poles, shrapnel, hairpins, wheelchairs, oxygen tanks, and many other items.

There are three MRI-related safety zones:

- Zone I: Public access
- Zone II: Initial contact, screening, etc.
- Zone III: Physical restriction of unaccompanied non-MRI personnel. The area around an MRI scanner wherein free access by unrestricted personnel and/or equipment can result in serious injury or death. **NONMRI PERSONNEL ARE NEVER TO BE PERMITTED UNRESTRICTED, UNACCOMPANIED ACCESS TO ZONE III.**

Cryogen Safety

It’s very cold! Liquid helium and nitrogen are used to cool MRI magnetic coils.

- It can liquefy oxygen in room air which increases the risk of fire.
- “Quench” can replace the room air with helium and nitrogen.
- If the emergency vent fails, the helium and nitrogen can pressurize the room unless the door is held open.

Hazard Communication

Your Right to Know

You have the right to know how chemicals you work with could harm you and how to use them safely. The hospital keeps safety information on all the chemicals used in the hospital. This information is kept in the form of Safety Data Sheets, or SDS's, which are stored in a computer database. The SDS's can tell you more about the chemicals you might use at work. You can get information from that database at any time by calling the SDS Hotline Number, which is 983-8311. This number is located on a sticker on all phones. Some units have a three-ring binder containing SDS's. SDS's are also available through the intranet. Click the "SDS Information" Quick Link on the left side of the page. You will then be directed to an online source for chemical information.

Chemicals include many products you work with in the hospital. Cleaning supplies and laboratory chemicals are obvious potentially-hazardous substances. SDS's are also kept on medications that are not in solid form and substances you might not think of as being potentially-hazardous such as typing correction fluid and even liquid hand soap.

What the SDS contains

The SDS tells you important things such as:

- Harmful ingredients in the chemical product (hazardous chemicals)
- How the chemical could make you sick (health hazard data)
- What to do if you get the chemical on your skin, in your eyes, in your mouth, or in your lungs (first aid instructions)
- How to use the chemical safely (special precautions)
- What to do if the chemical spills

What the label contains

You can also learn about a chemical by reading the label on the container. All chemical containers must have a label that contains:

- The name of the chemical
- The safety warnings
- The name, address, and phone number of the supplier
- First aid information
- How to safely dispose of the chemical

If you find a container with a missing or incomplete label, tell your supervisor!

Infection Control

The infection control policy applies to all hospital employees and other persons who perform specific duties in the hospital. The policy tells you what you should do to reduce your risk of exposure to blood borne diseases.

Standard Precautions

Standard Precautions is an infection control method that must be practiced consistently. Standard Precautions requires you to treat all blood and body fluids as if they were infected with a blood borne pathogen, such as the viruses that Hepatitis B, Hepatitis C, and AIDS. Because there is no way we can be sure that blood or body fluids are safe, we must avoid all unprotected contact with them.

What body fluids are included in Standard Precautions? They include blood, saliva, urine, amniotic fluid, semen, vaginal secretions, and any other body fluid (except perspiration). Also included are tissue and organs.

How can you avoid contact with body fluids? The hospital has adopted guidelines to help reduce your risk of exposure.

Minimizing Your Risk of Exposure

Engineering Controls

Special containers are available throughout the hospital for disposal of needles and other sharps. Dispose of sharps immediately in these containers. The hospital provides you with special systems, such as needleless systems and sharps with built-in safety features, to eliminate some hazards. You will receive on-the-job training for any equipment you need to use.

Work Practices

The methods and practices you use on the job are an important part of your protection. These work practices include activating safety devices on used sharps and using sharps containers promptly instead of recapping needles or otherwise handling used sharps. You should also minimize splashing or spraying whenever you work with a potentially infectious material, such as blood. And, of course, avoid eating, drinking, using cosmetics, or handling contact lenses where you may be exposed to potentially infectious materials.

Sharps Containers

Proper Use and Maintenance

- Do NOT recap needles.
- All sharps are to be put in the sharps containers.
- Sharps are defined as anything that can pierce, cut, or puncture the skin.
- Sharps containers are considered full when $\frac{3}{4}$ of the container has sharps or other items in it. The manufacturer's label indicating when the sharps container is full is to be disregarded unless it is in compliance with the CDC guidelines and our Lakeland policy of $\frac{3}{4}$ full as maximum.
- The following are not to be placed in sharps containers: band-aids, gauze wipes, dressings, paper, tape, or any other item that is not a sharp. If you have an item that is not a sharp and contaminated by a moist body substance, it is to be disposed of according to the Disposal of Patient Room Trash policy.
- When an IV catheter is discontinued, remove the tape from it before putting it in the sharps container or dispose of it when removing your gloves by wrapping your glove around it and then placing it in the trash. (This method is only appropriate for IV catheters that have had sharp inner cannulas removed, the sharp inner cannula is to be placed in the sharps container.)
- Dispose of large syringes in the large sharps containers. Do not force them into the smaller containers as this can possibly obstruct the opening.
- If you inadvertently throw a sharp in the trash, YOU are to remove it from the trash immediately, using appropriate precautions, and dispose of it properly in the sharps container.
- Nothing, including bedside trash bags and boxes of gloves, are to be placed on top of the sharps containers. (Trash bags can be kept in the bedside table.)
- In the areas of the hospital where there are RCAs and NAs employed, it is their responsibility to change the sharps containers when they are a maximum of $\frac{3}{4}$ full. In other areas, the designated unit/department person is to change the container.
- If you find a sharps container that needs repairs, send a computerized work order to Engineering to have it repaired or replaced as soon as possible.

Exposure to Blood Borne Pathogens

Read the policy located in the Human Resources Policy Manual or on the intranet under Human Resources.

This policy applies to all associates, students, physicians, and first responders.

- If exposure occurs, inform charge nurse, supervisor or instructor to begin the STIK procedures by contacting Associate Health & Wellness or a House Supervisor.
- The patient's blood is to be drawn immediately and a STAT HIV test and Hepatitis panel will be done. The blood sample must be received in the lab within one (1) hour of the incident.
- If the patient's HIV results are positive or if the exposure is to a known HIV contaminated source, the Infection Control physician must be notified immediately of the exposure for consideration for anti-retroviral medications.

Hand Hygiene and Biohazard Labeling

Hand-washing

Hand-washing is the most effective method of preventing the spread of infection. Wash your hands often, including every time you remove gloves. You must be able to wash your hands to protect yourself and others; therefore, any injury or treatment modality that limits your ability to wash your hands needs to be reported to your immediate supervisor. Your supervisor will review your work schedule, tasks, and probability of exposure to others. In some cases, you may be temporarily assigned to other duties that can be accomplished with little or no risk to you or others.

Always wash your hands:

- When coming on duty
- Before caring for patients, touching wounds, performing invasive procedures, or using the restroom
- Between contact with different patients or between tasks and procedures on the same patient
- After caring for patients; touching blood, body fluids, secretions, excretions, and contaminated items even if you are wearing gloves; after removing gloves, touching wounds, or using the restroom

When you wash your hands:

- Wet your hands and apply plenty of soap
- Work up a lather
- Wash under you nails and at least three inches above the wrist
- Scrub thoroughly for at least 10 -15 seconds
- Rinse thoroughly
- Dry your hands with a paper towel
- Use the paper towel to turn off the faucet
- Dispose of the paper towel properly

When using hand sanitizers or alcohol hand cleaners, use the following guidelines:

- It is not a substitute for proper hand-washing when hands are visibly soiled
- It may be used between casual patient contact or if a sink is not available
- Make sure hands are dry and free of soil before use
- Apply hand cleaning product to all surfaces of

Biohazard Labeling

Make use of special biohazard labeling for infectious materials and infectious waste. Use appropriate waste disposal bags and laundry bags for your site. The red bags are to be used for biohazardous materials that are soaked or caked with blood or body fluids only. The bags with the biohazard symbol are to be used only for transport of blood, specimens, and other potentially biohazardous materials. Be sure that infectious materials are stored only in cabinets and refrigerators marked with a biohazard label, and that only infectious materials are stored there.

Personal Protective Equipment

The hospital will supply you with equipment that will help protect you from contact with potentially infectious materials. This equipment includes:

- Gowns
- Gloves
- Masks
- Face shields
- Goggles
- Resuscitation masks
- Approved respirators

You will be trained on the appropriate use of this equipment. Be sure to use this equipment consistently, appropriately, and to protect yourself.

Follow the guidelines listed below for personal protective equipment:

- Wear a mask and eye protection or full face shield if body substances are likely to splash or spray into your eyes, nose, mouth, or face.
- Wear an isolation gown or apron if body substances are likely to splash or drip onto your clothes or skin. If body substances penetrate the gown or apron, change it as soon as possible.
- Wear other PPE such as a cap, hood, leggings, arm shields, and shoe coverings when contact with body substances is likely, such as when caring for trauma patients.
- Remove contaminated PPE and other contaminated clothing carefully, while wearing gloves. Place in laundry or waste containers.

Follow the guidelines listed below when using gloves:

- Gloves protect patients and you from contact with infectious germs (microorganisms).
- Do not walk around the unit/department/nurses station with gloves on.
- **Put on clean gloves before you:** touch blood, bodily fluids, secretions, excretions, mucous membranes, and non-intact skin; touch or handle contaminated patient-care equipment, surfaces, linens, etc.; draw blood; start IVs.
- **Change gloves:** between each patient and between tasks and procedures on the same patient.
- **Before you put on gloves:** bandage cuts or broken skin on your hands; choose gloves that fit snugly around the wrist and allow you to do your job comfortably; check that the gloves have no holes or other damage.
- **Remove gloves:** before going on to another task, patient, or area; before touching any uncontaminated item or surface; after contact with any highly infectious material such as feces or wound drainage.
- **When you remove gloves:** take off the gloves from the inside out, so you don't contaminate your skin; place gloves in the proper containers for disposal; wash your hands thoroughly; don't touch any surfaces or items that may be contaminated once your hands are clean.

Transmission Based Precautions

AFB Respiratory Isolation: HEPA Particulate Respirator mask must be worn upon entering the isolation room. Hands must be washed before and after patient care.

Gown, gloves, faceshield/goggles are necessary if you may encounter splashing or spraying of body substances or as the patient care level indicates. Doors must be kept closed.

Airborne Isolation: If susceptible to chicken pox or rubeola, do not enter room. Wear gown and gloves upon entering the room. A mask is not necessary if not susceptible to chicken pox or rubeola. Doors must be kept closed.

Droplet Isolation: Wear a standard isolation mask, gown, and gloves when entering the room. Faceshield and goggles are necessary if you may encounter splashing or spraying of body substances or as the patient care level indicates.

Contact Isolation: Wash hands. Wear gloves and gown when entering room. Masks/faceshields/goggles are necessary if you may encounter splashing or spraying of body substances or as the patient care level indicates. After removing your gown and gloves and washing your hands, make sure that your hands and clothes don't touch surfaces such as curtains or doorknobs that may be contaminated.

Hands must be washed before and after patient contact, whether in isolation or not!

Lakeland Health welcomes and encourages students and observers to participate in both structured and observational experiences throughout the organization. Thank you for taking the time to review these important guidelines to ensure the best experience for both you and our patients at Lakeland Health.

Smoke Free/Tobacco Free Environment

Purpose: To enhance health through maintaining a tobacco/smoke free environment.

Policy: It is the policy of Lakeland Health to promote and maintain a 100% tobacco / smoke free environment to preserve and protect the health of patients, visitors, volunteers, physicians, and associates. As the region's leading health care provider, we believe it is important to model healthy behaviors and eliminate "triggers" such as smoking areas that make smoking cessation difficult.

Scope: All property owned or leased by Lakeland Health.

Procedure

1. There is no smoking or use of tobacco, including electronic or e-cigarettes, allowed on any property owned or leased by Lakeland Health, including all off-site properties operated by Lakeland Health. The policy pertains to all patients, visitors, physicians, volunteers, contractors, and associates.
2. Signs are posted at each entrance indicating Lakeland Health is a tobacco/smoke free environment. The tobacco free initiative applies to the geographic area comprising all Lakeland Health campuses, including buildings, walkways, parking lots/garages, public/private vehicles, any public sidewalk or street that falls within campus boundaries, and public sidewalks, streets, and property adjacent to Lakeland Health property. It is not an issue of property ownership, or city/county ordinance, rather one of Lakeland Health policy.
3. It is the responsibility of all Lakeland Health volunteers, physicians, and associates to be advocates for the tobacco/smoke free environment.
4. Any Lakeland Health associates who are non-compliant /non-supportive of the policy will be subject to corrective action as outlined in Human Resource policy 40.12. Physicians who are non-compliant will be referred to their Division's Committee Chair. Volunteers who are non-compliant will be subject to corrective action. Visitors who are non-compliant will be informed of the Tobacco/Smoke Free policy, and compliance will be requested.
5. Potential new associates will be informed of the tobacco/smoke free policy at the time of employment application.
6. Associates observing or suspecting a patient smoking or using tobacco are obligated to remind the patient that Lakeland is a smoke and tobacco-free environment, and to report this to the primary nurse caring for the patient. The primary nurse is obligated to reinforce the policy with the patient, and to offer alternatives and information about options for smoking cessation. (EC.1.30EP5) Any continued non-compliance should be reported to the charge nurse and the chain of command utilized as appropriate.
7. Associates observing or suspecting another associate smoking or using tobacco should remind the associate that Lakeland is a tobacco/smoke free environment, and this information should be reported to Human Resources. Human Resources will investigate the situation and the Corrective Action Policy, Human Resources Policy #40.12, should be followed as outlined in number four (4) above.
8. Associates smelling of smoke while working at Lakeland facilities will be subject to the Corrective Action Policy.
9. Smoking cessation resources are available to support the smoke free environment.

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