

**South Cove Community Health Center
Comprehensive Education Annual Review
Self-Study
About this document.....**

Age Specific Care 8
Security..... 8
**Disaster/Emergency
Preparedness..... 8**
Employee Code of Conduct..... 9

INTRODUCTION

Comprehensive Education Annual Review is a self-learning option for meeting basic mandatory annual review requirements.

If you choose to satisfy your annual comprehensive education requirements using this option, read the entire packet, complete the employee workbook, and review your answers with your supervisor or department designee.

In addition, you are required to know the departmental/site specific policies and procedures specific to your area regarding these education topics.

If you have any questions about the contents of this packet, or completing the workbook, please contact your supervisor or the designated departments identified in each section.

CONTENTS

Introduction..... 1
**Fire Safety and
Utilities Management..... 2**
Infection Control..... 3
Bloodborne Pathogens 3
Plus On-Line Video
Tuberculosis 4
**Chemical Hazard
Communication 5**
Employee Accident Reporting 6
**Patient/Visitor Incident
Reporting..... 6**
Confidentiality 7
**Health Insurance Portability and
Accountability Act (HIPAA) of 1996. . . 7**

**FIRE SAFETY & UTILITIES
MANAGEMENT**

Our Fire Safety Policy requires each employee to go through annual safety training. An employee must know, not only key safety responses, but also fire safety as it pertains to his/her site. Our goal is to protect the lives of our patients, visitors, and employees by preventing fires.

Some ways you can PREVENT fires from happening or spreading are:

Observe No Smoking Policy

Note that smoking is not permitted in any of our buildings/sites. Patients and staff may smoke outside the buildings.

Keep and store flammable or combustible materials away from heat source.

Be aware of heat flammable materials, combustible materials, and other potential fire hazards such as: radiators, heaters, computer monitors, microwave ovens, toasters, refrigerators, electrical equipment, paint thinner, cleaning fluid, and cans, excessive paper.

Keep all exits and corridors free of obstructions

Report potential fire and safety hazards to designated site coordinators and office managers. (Phone numbers are listed in your workbook and South Cove's telephone directory (access www.scchc.org/internal.)

In the event of a real fire or fire drill, a code word is used. The word "FIRE" is not used. The code phrase for FIRE is "CODE RED."

Our plan for responding to fires or during a fire drill that all employees should follow: RACE.

R = RESCUE anyone in immediate danger from the fire or smoke

A = ALARM, pull the nearest fire alarm

C = CONTAIN the fire. Close all doors and windows that you are able to.

E = EXTINGUISH the fire if it is SMALL and safe to do so, and only after you have completed the first three steps. Also, E to Evacuate.

RACE, which is a national standard, has been adopted as the acronym for our fire plan. If you discover fire or smoke, you should be able to implement this plan of action as well as follow any procedure specific to your department/site's fire plan.

If you decide to extinguish a SMALL fire, there are 4 steps in operating most fire extinguishers.

P = Pull the pin

A = Aim low, at the base of the fire

S = Squeeze the handle

S = Sweep from side to side

Use your judgment; do not jeopardize personal safety by attempting to put out a fire unless you have experience using an extinguisher. Always remember to stand 6-8 feet away from a fire when using extinguishers and always position yourself so you can still exit the area easily.

As an employee, you must be able to identify the location of the following Fire Safety items in your department/site; floor plan, Fire Alarm Pull Station, Fire Extinguisher, Fire Emergency Exits and also the basics of your department/site's fire plan and what your role is in an emergency.(e.g., what is your department evacuation plan, what is the alarm signal in your area)

Utilities Management

All employees are "utility users" and each department and area of the medical center uses some type of utilities.

Some of those utilities include:

Steam

In the event of steam failure BEWARE of the high temperature of steam. Do not approach the leak.

Plumbing System

Any problems with the plumbing system should be reported. The plumbing system includes cold and hot water as well as the sewerage systems.

Heating, Ventilation & Air Conditioning

Any problems involving the HVAC system, e.g. temperature, odors from vents should be reported.

Medical Gas System

The medical gas system includes oxygen, medical air and medical vacuum. It is monitored and will alarm if pressure problems exist.

Natural Gas System

Leaks, failures, or suspected leaks, e.g., odor of natural gas should be reported immediately to your site coordinator or office manager. If a leak is suspected, employees should NOT TURN ON LIGHTS OR ELECTRICAL APPLIANCES, avoid sources of ignition, and open all windows.

Electrical

If there is a power failure in the Washington Street Center, emergency power will be supplied by the back up generator.

Some ways employees can avoid electrical hazards are: never use frayed/broken power cords, never use extension cords, and always use hospital grade, grounded, 3-prong plugs.

Elevators

Elevators are supplied with emergency power and lighting to allow them to function in the event of electrical failure. Never use the elevators in a fire emergency. If an elevator should stop between floors, use the emergency phone in the elevator to connect with an emergency service representative. They will respond and contact an elevator repairman and company.

Medical Emergency

"Code Blue"

Call 9-911

INFECTION CONTROL

Infection control is a comprehensive program designed to prevent and control infections. The program's primary mission is to prevent the transmission of infectious diseases to patients, employees, and visitors.

Every employee is responsible for compliance with infection control procedures in his or her department.

Signage ISOLATION is the best way to identify if a patient is on special isolation/precautions.

If you don't know or understand the sign, ask the nurse before entering.

Two ways employees can help reduce the spread of infection are making sure your *immunizations are up to date* and *consulting with Employee Health/Adult Medicine* before reporting to work if you suspect you are ill or have been exposed to someone with a communicable disease such as chicken pox.

Immunizations are provided free of charge through Employee Health/Adult Medicine. Some immunizations recommended for employees are: measles/mumps/rubella, flu, varicella, tetanus and Hepatitis B (if direct patient care contact).

HANDWASHING IS THE SINGLE MOST IMPORTANT MEASURE TO PREVENT INFECTIONS (use soap & warm water).

You should wash your hands:

- before & after work shift
- after using the bathroom
- after blowing your nose
- after covering a sneeze
- before eating
- before drinking
- before handling food

Contact Employee Health or Infection Control Officer if you have an infection control question.

BLOODBORNE PATHOGENS

In compliance with OSHA's Bloodborne Pathogen Standard, a formal plan called an Exposure Control Plan exists to reduce your risk of exposure to bloodborne pathogens while performing your job. A copy of the exposure control plan is available in through your department manager or by contacting the Infection Control Officer.

Bloodborne Pathogens are transmitted by exposure with infected blood or body fluid to the eyes, nose, mouth, or open skin. The Exposure Control Plan outlines methods to avoid exposure such as:

- protected needle devices
- personal protective equipment
- biohazard waste disposal containers
- work practices, and warning signs to protect all employees from exposure

There are many different duties employees perform which may cause an exposure to blood or body fluid. Some of these are: handling needles or sharps contaminated with blood or body fluids, handling laundry or other items contaminated with blood or body fluids, performing phlebotomy or other invasive procedures, cleaning up a blood or body fluid spill, and handling medical waste.

A formal plan exists called an Exposure Control Plan. This plan was established to help reduce employee's risk of exposure to bloodborne pathogens while performing his/her job. Bloodborne pathogens are diseases carried in the blood of infected persons. The bloodborne pathogens of concern are Hepatitis B, HIV, and Hepatitis

C. A copy of the Exposure Control Plan is available for review; ask your site manager or the Infection Control Officer.

Standard Precautions (also known as Universal Precautions) is the practice of handling all patients' blood and body fluid as potentially infectious. Thus, healthcare workers should protect themselves from contact with any blood/body fluid.

Personal Protective Equipment is available to help protect you from exposures such as needle sticks, injuries, or splashes of blood into your eyes. Some examples of Personal Protective Equipment and when they should be used are listed below:

Gloves, to be used when touching blood, body fluids, mucous membranes or non-intact skin of patients; when touching surfaces or equipment soiled with blood or body fluids; when performing phlebotomy.

Gowns or aprons when splashes to skin or clothing are likely.

Masks and goggles or face shields when splashes to the mouth, nose, or eyes are likely.

Surgical caps/hoods, shoe covers/boots for instances where gross contamination is likely.

If you are exposed to blood or body fluid by a needle stick, a cut, a splash to your eye, nose, mouth or skin, you should:

- Force bleed a puncture or a cut if possible
- Wash the affected area; flush the skin, eyes, nose, or mouth
- Report exposure immediately to Employee Health/Adult Medicine.

If you get splashed in your eye, you should:

- Go to the eye wash station.
- Uncap bottle of eye wash solution.

- Flush your eye & discard bottle after usage.
- Report immediately to Employee Health/Adult Medicine.

It is important to know that antiviral therapy may be needed and should be started as soon as possible after an exposure.

Hep B immunizations are available for protection against blood borne pathogens. This free to staff, must make an appointment with Employee Health/Adult Medicine.

Mandatory to view on-line video on Blood Borne Pathogens.

TUBERCULOSIS

The Centers for Disease Control has issued guidelines for the protection of health care workers and OSHA has recently proposed a health standard to reduce the rise of occupational exposure to TB. Employees with potential exposure to patients with TB disease need to understand the potential risks for transmission of this illness. Infection Control, Employee/Occupational Health and the Safety departments provide a comprehensive exposure control plan which includes TB screening and a respiratory protection program to reduce the risk of exposure to TB.

Tuberculosis (TB) is a communicable disease, which causes an infection of the lungs.

TB is carried by airborne droplets(droplet nuclei) when a person with active TB disease coughs, sneezes, laughs, and sometimes, through speaking.

Symptoms of TB may include: feeling weak or sick, loss of appetite, weight loss, fever and/or night sweats, or a productive cough. Some measures used to reduce the spread of TB are early detection and treatment of

patients with TB, isolation of patients with active TB disease in a negative pressure room with posted signs on patient's door, the use of a TB mask/respirators to protect employees who enter isolation room, routine and post exposure TB screening of employees through Employee Health/Adult Medicine.

Procedure you should follow after a potential TB exposure: contact Employee Health immediately and follow-up evaluation & test.

After a potential TB exposure, the procedure to follow is to contact Employee Health/Adult Medicine immediately for follow up evaluation and TB testing.

Employees who must wear respirators need to comply with the Respiratory Protection Policy found in the health center's policy manual.

This policy requires:

- health screening

CHEMICAL HAZARD COMMUNICATION

OSHA's Hazard Communication Standard, previously referred to as the "Right to Know Law", is intended to protect employees from exposure to hazardous chemicals in the workplace. In accordance with OSHA, we have written a Hazard Communication Program, which can be reviewed in the policy manual. *(For laboratory employees, we comply with OSHA's "Occupational Exposure to HazChems in Laboratories" described in the Chemical Hygiene Plan.)*

MSDS lists information about products used by employees. The information includes safe use, protective equipment, storage, disposal, acute and chronic health effects, response to accidental exposures, and more. The master file of all MSDS's is maintained in the office of the Director of Clinical Operations at the Washington Street Center. Requests

- education
- respirator fit and testing prior to wear

Each department, through its site coordinators and office managers, has the responsibility to ensure compliance with the requirements outlined in the HazCom plan:

1. Each department must maintain a current list of all potentially hazardous materials it uses and ensure that all employees are familiar with the list.
 2. Material Safety Data Sheets (MSDS) for each product with hazardous ingredients used located at South Cove's Internal Website. ALL employees must know the location of and have access to, the MSDS's. Other methods used to detect the presence of hazardous chemicals in the work area includes alarms, odor, signage and the biohazard symbol.
- MSDS forms can be directed to the Director of Clinical Operations.
3. All containers must be appropriately labeled. Original containers from suppliers must be pre-labeled with the product name; any hazardous ingredients, hazard warnings, and the name of the manufacturer. If a product is moved into a secondary container, it must be labeled with the name of the product and manufacturer and any hazard warnings. All labels must be written in English additional language translations may be added if necessary.
 4. Annual Employee Education
Employees should know the purpose and location of the MSDS forms in their department/site. If assistance is needed with a hazardous chemical spill, contact Employee Health/Adult Medicine. Also, notify the Director of Clinical Operations.

Ways to protect yourself from chemical hazards:

Practice safe work habits:

- Obey safety rules.
- Avoid shortcuts when handling/transporting hazardous chemicals.

Be Informed:

- Know how to use the available information on chemical hazards.

Use Personal Protective Equipment:

- Use the right protective clothing & equipment with proper fit.
- Follow approved practices for cleaning & storing.
- Report any damaged equipment.

Know Emergency Procedures:

- Know how to use first-aid supplies. Eye wash and emergency showers.
- Know emergency alarm signals & procedures.

If you need assistance with a hazardous chemical spill

contact: Employee Health or Director of Clinical Operation/Administrator

EMPLOYEE ACCIDENT REPORTING

It is important that all employee accidents, injuries, and exposures are reported to ensure prompt evaluation and treatment, to identify and correct any hazards or unsafe behaviors, and to comply with state and federal regulations.

By identifying unsafe conditions and incidents that happen to employees, the Employee Health/Adult Medicine can collect data to help them investigate accidents and to recommend ways to prevent future occurrences.

If you are injured at work, you should notify your manager

immediately and complete an employee accident form. **ALL** accidents should be reported, regardless of whether an injury is sustained, to prevent future accidents.

Employee Accident Reports should be maintained in each department and can be ordered from site coordinators and office managers.

ALL Blood/Body Fluid Exposures should be immediately reported to ensure appropriate, timely therapy.

PATIENT/VISITOR INCIDENT REPORTING

The Risk Management Committee seeks to identify, evaluate, and reduce the risk of patient injury associated with the provision of health care. To achieve this goal, incident reports, claims data, occurrences screens, and other patient information are collected and analyzed to monitor and trend potential areas of concern.

Reportable incidents include slips & falls, robbery, destruction of property, burns, and lab related incident.

Completion of incident reports ensures compliance with the law and provides valuable information which may be used for the following purposes:

- identifying opportunities for quality improvement
- tracking and trending events
- identifying system breakdowns
- identifying need for continuing education

It is the responsibility of any employee or practitioner of the facility who is involved in, witnesses, or discovers an incident, to report that incident.

Reporting incidents complies with the law, as well as provides information for quality improvement opportunities, alerts the hospital to possible liability and identifies the need for continuing education.

When completing an incident report, offer a brief account of the event, "just the facts, please". Do not include opinion or conclusions. Complete all areas of the report that are applicable.

CONFIDENTIALITY

We take a strong stand on protecting information pertaining to patients and employees. Our information systems policies make each person accountable for his/her computer systems access and use. Many systems audit your activity. Violations of the confidentiality policy will result in corrective action, which may include termination without notice, and in some cases criminal prosecution.

Confidential information can be received or given by any form spoken, written or in electronic form.

Confidential information is information learned at work not commonly available to the public. This includes, but is not limited to:

- **Patient demographic information:** name, address, phone numbers, insurance, and clinical information.
- **Never leaving your computer logged on and unattended.**
- **Never looking up patient or employee information unless it is strictly required for performing work duties.**
- **Employee information** (personnel records)
- **Research information**
- **Some Information about our business affairs.**

- * **Information is kept confidential by:**
Ensuring personal responsibility and accountability for actions in protecting confidentiality.
- * Reporting unusual situations or questions about confidentiality to your supervisor/manager.
- * Never sharing computer access or passwords.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996

HIPAA became law in 1996. The Privacy Rule of HIPAA went into effect in April 2001. Most health-care organizations had to meet the standards set by the rule April 2003.

HIPAA Privacy Rule created standards to protect the privacy of health-care patients. Protected Health Information (PHI) includes any information that identifies a patient i.e. name, ID number, lab reports, etc. The Rule also standardized healthcare claims/records submitted electronically securely.

HIPAA Privacy Rule protects the privacy of patients by:

- Limit how their personal health information can be used.
- Requires security of their health records in paper, electronic or other forms.
- Lets patients know what their rights are.

HIPAA Privacy Rule allows patients to:

- Get a copy of their health records.
- Find out and limit how their personal health information may be used.
- Ask for changes to their health records.

We can help keep patient information private by:

- Follow certain rules to protect patient info.
- Tell patients about their rights.
- Make sure it is o.k. to use and share certain patient information.

Under the Privacy Rule, as healthcare providers, we are allowed to disclose (share) patients' health information:

Healthcare Providers:

- Doctor send medical records to another doctor for treating a patient.
- An insurer may need information about the patient to process a payment.

Healthcare Employees:

- Talk to patients' family members.
- Share information with patients' families.
- Follow organization's procedures.
- Ask your supervisor if you have questions.

Under Certain Situations:

- Share information with public health official on cases for certain diseases.
- Court orders.
- Domestic Violence Cases.
- Follow organization's rule for disclosing information.

If organization does not follow the Privacy Rule:

- Organization can be fined each time it breaks the rule up to \$25,000 per year.
- Federal fine of \$100 per accidental violation.
- Federal prison sentences of up to 10 years for selling PHI or using it to harm someone.
- Improper disclosure and use of PHI by employees leads to disciplinary action, up to and including termination of employment.

AGE SPECIFIC CARE

You will provide care or come in contact with people at various stages of growth and development. Growth is the physical change that occurs over time, e.g. one's height and weight. Development relates to psychological and social functioning e.g adaptation to physical changes.

A basic understanding of the stages of human growth and development will help to provide better care and assistance to all of our patients.

Please review the stages of human growth and development found in your workbook to respond to age specific questions.

SECURITY

Our staff at South Cove Community Health Center strive for a safe, secure, and comfortable environment for patients, visitors, and staff. This is a community effort and it begins with all of us.

All employees help to maintain a secure environment by:

- wearing ID badge
- securing work areas - even if only away 5 minutes
- reporting missing items
- reporting all thefts
- reporting unusual activity
- call site coordinator or manager to report
- "someone" out of place
- not hiding keys or sharing combinations or
- computer passwords
- securing equipment, using "tie-down devices"

Internal Code for Provider Emergency/Needs Help

"Mr. Smith" call receptionist ask for "Mr. Smith". Site Coordinator or Administrator will evaluate the situation. True emergency call "9-911".

DISASTER/EMERGENCY PREPAREDNESS

REMEMBER:

Always remain calm during a disaster. Be sure to know where your department's Emergency Evacuation and Operations Plan is located.

Disaster and/or emergency preparedness enables you to:

- Respond quickly and effectively to an emergency.
- Provide first aid to victims and minimize loss of life.
- Treat the injured and provide temporary food or shelter.'
- Care for existing patients.

There are three categories for identifying disasters/emergencies.

Natural disasters include hurricanes, snowstorms, floods, tornadoes, earthquakes and volcanoes.

National emergencies include terrorist attacks, wars and nuclear explosions or leaks.

Mass casualty disasters include fires, explosions, hazardous chemical spills, transportation disasters, power lose, fuel or water shortage and mass food poisonings.

You will know if an emergency has occurred through an alert system.

- At work this may include a coded message over the PA system, a coded light message and/or personal paging receivers.
- At home this may include portable receivers, pyramid systems and telephone calls.

South Cove has a *Weather/Snow Alert* system set up. Call the main number 617-482-7555 after 5 am that morning. Once the system engages punch the numbers 7669 or remember the word "SNOW". A pre-recorded message will say whether the health center is "open", "closed" or a two-hour delay in opening.

Also know the following:

- **Evacuation Plan**
- **Who the Facilities Manager of your department/site is**
- **The outside assembly point for your department/site.**

EMPLOYEE CODE OF CONDUCT

We are committed to helping all employees, staff physicians, and contractors to act in a way that preserves the trust and respect of those whom they serve and with whom they deal. We do this by following all rules and regulations that govern our work and by having our core values guide our behavior and decisions. No written set of policies can substitute for a working knowledge of the rules and regulations that applies to your area, or to the application of common sense, good judgement, and personal integrity in our daily actions.

Our Core Values are:

Remember the word "C A R E".

C = Commitment to the highest level of community-based patient care and service.

A = Accountability for excellence in the performance of all of our work and living within our means so that we are able to better serve tomorrow.

R = Respect for patients, families, and colleagues.

E = Engagement of all staff in continuous improvement and learning.

When employees have questions they should ask their supervisor, or read the policies and procedures.

If any employee is approached to do something (s)he believes is wrong, (s)he should check with her/his supervisor or the Vice President of the division.

COMPREHENSIVE EDUCATION

Self-Learning Module Answer Sheet

Section -2

Fire Safety and Utilities Management

A1. Observe No Smoking Policy, Keep and store flammable or combustible materials away from heat source, Keep all exits and corridors free of obstructions, Report potential hazards to designated site coordinators and office managers.

A2. Code Red

A3. R= Rescue
A =Alarm
C= Contain
E =Extinguish

A4. P = Pull
A = Aim Low
S = Squeeze
S = Sweep

A5. Department/Site-Specific
location of: floor plan, fire alarm pull stations, extinguishers and types of fire they can be used for fire emergency exits where would you find emergency phone numbers?

A6. Department/Site-specific
What is your department's fire plan?

A7. Steam, Heating, Ventilation, Air Conditioning. Medical Gas, Natural Gas, Electrical, and Elevators.

A8. Site coordinators and office managers

A1. "Code Blue" Dial 9-911

Section-3 Infection Control

A1. Every employee

A2. Signage

A3. Make sure immunizations are up to date and consult with Employee Health/Adult Medicine before returning to work if you suspect you have been exposed to an illness

A4. ALL, Measles/Mumps/Rubella, Flu, Varicella, Hepatitis B, Tetanus

A5. Hand washing (soap & warm water)

A6. Check with your site coordinator or office manager or call the Infection Control Officer
Section-3b

Bloodborne Pathogens

A1. Handling needles and sharps, handling laundry, performing phlebotomy, cleaning up blood/body fluid spills, handling medical waste

A2. Hepatitis B, HIV, Hepatitis C

A3. Standard Precautions is the practice of handling all patients' blood and body fluid a potentially infectious.

A4. Force bleed puncture or cut, wash the affected area, report exposure immediately to Employee Health/Adult Medicine.

A5. Gloves, gowns/aprons, masks, goggles, and faceshields, surgical caps/hoods, boots/ shoe covers

A6. Hepatitis B vaccine is available free of charge from Employee Health/Adult Medicine
Section-3c

Tuberculosis

A1. TB is an infection of the lungs caused by mycobacterium tuberculosis

A2. Feeling weak or sick, loss of appetite, weight loss, fevers and/or night sweats, productive cough

A3. TB is carried by airborne droplets when a person with active TB: coughs, sneezes, laughs, and sometimes speaks

A4. Early detection, isolation of patients and posted signs, use of TB mask/respirators, routine and post exposure TB screening of employees through Employee Health/Adult Medicine

A5. Contact Employee Health/Adult Medicine immediately for follow up evaluation and TB testing

Section-4

Chemical Hazard Communication

A1. MSDS provides detailed information for each chemical product used in the medical center. The MSDS form provides information on: what the

material is, ingredients, and what precautions need to be taken.

A2. Department/site-specific
Where are MSDS forms located?

A3. Department/site-specific
Find one MSDS form and identify hazards

A4. Alarms, signage, odor

A5. Practice safe work habits, be informed, use personal protective equipment and know emergency procedures.

A6. Employee Health/Adult Medicine. Also, notify the Director of Clinical Operations

Section-5

Employee Accident Reporting

A1. Notify your manager or supervisor immediately and complete an Employee Accident Report.

A2. ALL

A3. Department-specific
Where are Employee Accident Reports kept in your department? Site-centrally located. Recommended each department.

Section-6

Patient/Visitor Incident Reporting

A1. Any occurrence, which is not consistent with the routine care of the patient or the routine operation of the health center. For example, slips/falls, burns, medication errors, lab related events, equipment malfunction, or other unusual events.

A2. Any employee or practitioner of the facility who is involved, witnesses, or discovers the incident, patients/visitors, employees

A3. Complies with the law, provides information for quality improvement opportunities, alerts health center to possible liabilities, and identifies the need for continuing education.

A4. Offer a brief account of the event—"just the facts, please".

Section-7

Confidentiality

A1. Any form spoken, written, or electronic: conversation, paper memo or reports, medical or personnel records, faxes, or e-mails

A2. Patient demographic information: name, address, phone number, insurance, medical information employee information, research inf. and some inf. regarding business affairs.

A3. Personal responsibility and accountability, never share computer access or passwords, never leave computer logged on or unattended, never look up patient information unless it is required for performing your duties.

Section 7A

Health Insurance Portability and Accountability Act (HIPAA) 1996

A1. HIPAA protects the privacy of patients' medical information. Promoted the standardization of electronic healthcare related records that includes standardized claims processing, health information transmitted securely and protects the privacy of patients. Protected Health Information (PHI) is any information that can identify the health condition of a patient.

A2. Limits how personal health information can be used, requires the security of their health records in paper, electronic or other form and lets patients know their rights.

A3. Get copy of their health records, ask for changes to their health records and find out and limit how their personal health information may be used.

A4. Follow rules, policies and procedures to protect patient information, tell patients of their rights and make sure it is o.k. to use or share certain patient information.

A5. Healthcare providers may need to share information with another provider treating a patient and an insurer may need information about a patient to process a payment. Healthcare employees may talk to patients' family members however the patient has the right to limit how this information is shared. Follow organization's procedures on this and ask your supervisor if you have questions. In certain situations we may have to share information with public health officials about cases of certain diseases, court cases or domestic violence cases.

A6. Organization fine up to \$25,000/year for each time it breaks the rule. Federal fine of \$100 per accidental incident. Federal prison sentences of up to 10 years for selling PHI or using it to harm someone. South Cove will impose disciplinary action,

up to and including termination for any improper disclosure and use of PHI by employees.

Section - 8

Age Specific

A1. Gives caregivers the opportunity to provide care, which is specific to the unique needs of a given patient population.

A2. Decrease vision, decrease sense of taste and smell, decline in speed of movement

A3. Provide patient with large print education information, provide patient with an extra blanket, slow pace when assisting them into a wheel chair

Section-9

Security Services

A1. Secure work area-even if only away a short time, wear your ID badge, visitors must sign in & wear visitor's badge, report missing items, report unusual activity, do not hide keys or share passwords, secure equipment using the "tie-down" method.

A2. "Mr. Smith"

Section-10

Disaster/Emergency Preparedness

A1. Respond quickly and effectively. Provide first aid to victims and minimize loss. Treat the injured and provide temporary food or shelter. Care for existing patients.

A2. **Natural Disasters:** hurricanes, floods, snowstorms, tornadoes, earthquakes and volcanoes. **National emergencies:** terrorist attacks, wars and nuclear explosions or leaks. **Mass casualty disaster:** fires, explosions, building collapses, hazardous chemical spills, transportation disasters, power lose, fuel or water shortages and mass food poisonings.

A3. At work, an alert system may include coded message over the PA system, a coded light message or personal paging receiver. At home, an alert system may include portable receivers, pyramid systems or telephone calls.

South Cove has an internal Weather/Snow Alert system. Call the main number after 5 am (617-482-7555). Once the system engages punch in 7669 or remember the word SNOW. A prerecorded message will come on to say whether the health center is open, closed or two-hour delay in opening.

A4. Department/site specific answer. The EEO should be maintained at each site with the site/office coordinator, and also in each department.

A5a. Occupants should go to the nearest exit when an alarm sounds. If nearest exit is obstructed, the alternate exit should be taken.

A5b. Department/site-specific Facilities Manager and alternates.

A5c. Department/site-specific Outside assembly point for department/site

Section-11

Employee Code of Conduct – remember the word CARE.

A1. **C= Commitment** to the highest level of community-based patient care and service.

A= Accountability for excellence in the performance of all of our work and living within our means so that we are able to better serve tomorrow.

R= Respect for patients, families and colleagues.

E= Engagement of all staff in continuous improvement and learning.

A2. Ask you supervisor. When in doubt ASK or read the policies and procedures.

A3. Check with your supervisor or call the Vice President of your division.



south cove
community health center

EMERGENCY EVACUATION AND OPERATIONS PLAN (EEOP)

1. For Fire - Procedures for Occupants

- a. **When an alarm sounds on your floor, begin immediate evacuation following your plan (See Appendix A, Building Evacuation Plan). Only those floors that are in alarm need to evacuate. If the incident is significant, additional floors will require evacuation. Close doors behind you.**
- b. **If you discover a fire, activate the nearest pull station and call 911. Then you may attempt to put it out if it is small (no larger than a waste basket). If the fire is too large or you are uncomfortable or unfamiliar with the proper use of a fire extinguisher, simply close the door and evacuate.**
- c. **If the fire alarm does not work, call 911 and notify occupants verbally of the emergency and the need to evacuate. Facilities managers or another responsible party needs to confirm that all occupants are notified.**
- d. **Evacuate via the nearest stairwell. Do not block exit doors in an open position. The stairwells are pressurized to keep smoke out and keep them safe for evacuation and fire personnel. Leaving doors open makes the stairwells dangerous and unusable. Persons with physical disabilities have several options (See Appendix B).**

DO NOT USE THE ELEVATORS!

When an alarm is sounded many of the elevators will be automatically recalled to a pre-determined floor for use by the fire department personnel

- e. **Go to your predetermine assembly point as outlined in Appendix A. There may be more than one outside assembly point.**
- f. **At the assembly point, account for personnel and report to the Facilities managers if any occupants are unaccounted for and may be trapped.**

g. **If you are trapped by smoke, stay low, cover your mouth with wet cloth, stay near a window, open it but do not break it, hang something out the window to let fire personnel know you are there and put something in cracks around the door, phone 911 if possible.**

h. **Special instruction for Facilities Managers**

Begin at the farthest reach of your area and assure that the occupants ahead of you have evacuated. Conduct a quick search as you go, to make sure hazardous equipment is shut off, doors are closed and no one is left behind. If there is smoke in the hall, stay low, cover your mouth with a damp cloth or handkerchief, visualize where the exits are, stay close to and use the wall to guide you so you do not become confused. If there is no smoke, you may have trouble getting people to evacuate, be strong, positive and insist. Students and visitors who may not be familiar with this plan must be informed of the requirement to evacuate.

Direct occupants to the stairwells and tell them where to reassemble. If you have helpers, station them in front of the elevator to make sure no one attempts to use it. Do not go to the roof unless it is the only way out, there are too many obstructions for a helicopter rescue. If the stair is full of smoke go to another stair.

Do not allow the stairway doors and other exit doors to be blocked open. Leaving stairway doors blocked or held open makes the stairwells dangerous and unusable.

Special attention needs to be given to any persons with disabilities, in particular those who are visitors and unfamiliar with the building. A process is necessary to insure they are notified and accounted for. See Appendix B for further details.

2. For Bomb Threats

Personnel receiving telephoned threats should attempt to get the exact location where the bomb has been planted, or is going to be planted. Also, attempt to get as much information as possible about the caller, for example, male or female, accent, etc. Listen for any background noise that may indicate the location of the caller. The checklist below shows the information that can aid in locating a bomb. Complete the check list as soon as possible after receiving a threatening call and report it immediately to the Police Department at 911. Bomb threats received through the mail or by other means are also to be reported immediately to the Police Department.

Exact time of call _____

Exact words of caller _____

QUESTIONS TO ASK

1. When is the bomb going to explode? _____
2. Where is the bomb? _____
3. What does it look like? _____
4. What kind of bomb is it? _____
5. What will cause it to explode? _____
6. Did you place the bomb? _____
7. Why? _____
8. Where are you calling from? _____
9. What is your address? _____
10. What is your name? _____

| | | | | | |
|-------------------------|-----------|---------|---------|---------|--|
| CALLER'S VOICE (circle) | Male | Female | | | |
| Calm | Disguised | Nasal | Angry | Broken | |
| Stutter | Slow | Sincere | Lisp | Rapid | |
| Giggling | Deep | Crying | Squeaky | Excited | |
| Stressed | Accent | Loud | Slurred | Normal | |

If voice is familiar, whom did it sound like? _____

Were there any background noises? _____

Person receiving call: _____

Date: _____

Telephone number call received at: _____

4. For Earthquakes

a. If indoors, watch for falling objects such as light fixtures, bookcases, cabinets, shelves, and other furniture that might slide or topple. Stay away from windows. If in danger, get under a table or desk, into a corner away from windows, or into a structurally strong location such as a hall by a pillar. Do not run outside.

Drop, Cover, and Hold

b. Do not dash for exits since they may be damaged and the building's exterior brick, tile, and decorations may be falling off.

c. Do not use the elevators.

d. When the shaking stops, check for injuries to personnel in your area. Do not attempt to move seriously injured persons unless they are in immediate danger. Render first aid assistance if required.

f. Check for fires or fire hazards — spills of flammable or combustible liquids, or leaks of flammable gases.

g. Turn off ignition and heat sources if it is safe to do so.

h. Shut off all gas sources

I. Exit the building, if possible, and go to the assembly point to report on injuries, damages, and potentially hazardous conditions. Once you have exited the building do not reenter until the building has been declared safe by trained emergency personnel.

j. Use the telephone system only for urgent matters.

k. Personnel should know the location of first aid kits, fire alarms, and extinguishers.

Appendix A

Building Evacuation Plan

Fire exit drills are necessary to refine the evacuation procedure.

A. Evacuation Plan:

The attached floor plans identify exits and exit routes for the building. Occupants should go to the nearest exit when the alarm sounds. If access to the nearest exit is obstructed, the alternate exit should be taken.

| <u>Site</u> | <u>Floor</u> | <u>Primary</u> | <u>Alternate(s)</u> |
|----------------------|---------------------|-----------------------|----------------------------|
| BASE | 1 | Madeline Wan | Kenneth Lee |
| Quincy – Hancock St. | 1 | Lily Moh | Raymond Tam |
| Quincy – Holmes St. | 1 | Margaret Cheung | Fiona Yang, Annie Wong |
| | 2 | Mei Wong | Lyly Nguyen |
| | 3 | Kam lei | Ruby Ngo |
| South St. | 1/Garden | Eric Tiberi | Christine Keung |
| | 2 | Eric Tiberi | Jason Wong |
| Washington St. | 1 | Dorothy Chin | Johnny Chan |

B. Facilities Managers:

Establish a Facilities Manager on your floor. List alternate or backups also.

C. Assembly Points:

Establish outside assembly points for your floor. Indicate each floor's designated assembly point(s) on or below the floor plan.

Outside Assembly Point: the assembly point should be an open area away from the building and out of the way of responding emergency personnel. Occupants meet after evacuation so that they may be accounted for or lend assistance as needed. There may be more than one assembly point. List the points below.

| <u>Site</u> | <u>Meeting Area</u> |
|----------------------|---|
| BASE | At the corner of Tremont St. and Washington St. |
| Quincy – Hancock St. | Staff meet at Holmes St. parking lot (across the street) |
| Quincy – Holmes St. | Staff meet at Holmes St. parking lot (in front of the building) |
| South St. | Staff Meet in front of 118 South St. building across from 145 South St. |
| Washington St. | Staff meet in front of Wang YMCA across from clinic on Oak St. |

Appendix B

Emergency Evacuation for Persons With Disabilities

General

This appendix provides a general guideline of evacuation procedures for persons with disabilities, which would make exiting difficult, during fire and other building emergencies. Employees and visitors with disabilities must develop their own facilities' evacuation plans and identify their primary and secondary evacuation routes from each building they use.

Be familiar with evacuation options

Seek evacuation assistants who are willing to assist in case of an emergency

Evacuation Options

Persons without disabilities must evacuate to the nearest exit. Persons with disabilities have four basic evacuation options:

Horizontal evacuation: using building exits to the outside ground.

Stairway evacuation: using steps to reach ground level exits from the building.

Stay in Place: unless danger is imminent, remaining in a room with an exterior window, a telephone, and a solid or fire resistant door. With this approach, the person may keep in contact with emergency services by dialing 911 and reporting his or her location directly. Emergency services will immediately relay this location to on-site emergency personnel, who will determine the necessity for evacuation. Phone lines are expected to remain in service during most building emergencies. If the phone lines fail, the individual can signal from the window by waving a cloth or other visible object.

The Stay in Place approach may be more appropriate for sprinkler protected buildings or buildings where an "area of refuge" is not nearby or available. It may also be more appropriate for an occupant who is alone when the alarm sounds. A "solid" or fire resistant door can be identified by a fire label on the jam and frame. Non-labeled 1 3/4 inch thick solid core wood doors hung on a metal frame also offer good fire resistance.

Area of refuge: with an evacuation assistant, going to an area of refuge away from obvious danger. The evacuation assistant will then go to the building evacuation assembly point and notify the on site emergency personnel of the location of the person with a disability. Emergency personnel will determine if further evacuation is necessary.

Usually, the safest areas of refuge are pressurized stair enclosures common to high-rise buildings, and open air exit balconies. Other possible areas of refuge include: fire rated corridors

or vestibules adjacent to exit stairs, and a pressurized elevator lobbies. Many campus buildings feature fire rated corridor construction that may offer safe refuge. Taking a position in a rated corridor next to the stair is a good alternative to a small stair landing crowded with the other building occupants using the stairway.

Disability Guidelines

Prior planning and practicing of emergency evacuation routes are important in assuring a safe evacuation.

Mobility Impaired – Wheelchair

Persons using wheelchairs should stay in place, or move to an area of refuge with their assistant when the alarm sounds. The evacuation assistant should then proceed to the evacuation assembly point outside the building and tell the Fire Department the location of the person with a disability. If the person with a disability is alone, he/she should phone emergency services at 911 with their present location and the area of refuge they are headed to.

If the stair landing is chosen as the area of refuge, please note that many campus buildings have relatively small stair landings, and wheelchair users are advised to wait until the heavy traffic has passed before entering the stairway.

Stairway evacuation of wheelchair users should be conducted by trained professionals. Only in situations of extreme danger should untrained people attempt to evacuate wheelchair users. Moving a wheelchair down stairs is never safe.

Mobility Impaired – Non Wheelchair

Persons with mobility impairments, who are able to walk independently may be able to negotiate stairs in an emergency with minor assistance. If danger is imminent, the individual should wait until the heavy traffic has cleared before attempting the stairs. If there is no immediate danger (detectable smoke, fire, or unusual odor), the person with a disability may choose to stay in the building, using the other options, until the emergency personnel arrive and determine if evacuation is necessary.

Hearing Impaired

The building is equipped with fire alarm strobe lights; however, many are not. Persons with hearing impairments may not hear audio emergency alarms and will need to be alerted of emergency situations. Emergency instructions can be given by writing a short explicit note to evacuate.

Visually Impaired

Most people with a visual impairment will be familiar with their immediate surroundings and frequently traveled routes. Since the emergency evacuation route is likely different from the commonly traveled route, persons who are visually impaired may need assistance in evacuating. The assistant should offer their elbow to the individual with a visual impairment and guide him or her through the evacuation route. During the evacuation the assistant should communicate as necessary to assure safe evacuation.