



South Cove Community Health Center

Employee Training Handbook

2025

Employee Training Handbook

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1.00 Purpose and Principles

Purpose

The Employee Training Handbook is designed to support the mission and vision of South Cove Community Health Center as it pertains to staff education and safety. It addresses basic education required by all staff when while performing their job functions at the health center. This handbook should be treated as both a reference guide and training guide for all staff and should be supplemented with any advanced training that may be applicable to specific job functions.

Guiding Principles

The South Cove Community Health Center Employee Training Handbook stimulates the development, review, and revision of the organization's practices and protocols of providing safe and consistent procedures throughout the organization. Principles of the Handbook provide the foundation for developing key policies and procedures for job activities and safety.

Leadership

The success of the South Cove Community Health Center Training Program requires top-level commitment and support.

The governing board and senior executives are committed to promoting the safety of all patients, visitors, employees, volunteers, and other individuals involved in operations of the organization. The Employee Training Program is designed to reduce system-related errors and potentially unsafe conditions by implementing continuous employee training to support an organizational culture of safety.

Oversight

The Risk Manager is ultimately responsible for developing and carrying out the health center's risk management training plan

Program Goals and Objectives

The Employee Training Program goals and objectives include the following:

- Educate and train new and existing employees on basic and advanced job safety, procedures, and responsibilities.
- Provide consistent training so that procedures are carried out uniformly across all staff.
- Continuously improve clinic safety and minimize or prevent the occurrence of errors, events, and system breakdowns leading to harm of patients, staff, volunteers, visitors, and others through proactive staff training
- Facilitate compliance with regulatory, legal, and accrediting agency requirements (e.g., Patient-Centered Medical Home, The Joint Commission, Accreditation Association of Ambulatory Health Care)

2.00 Essential Staff Training Matrix

The Essential Training Matrix listed below identifies staff training requirements that appear across all positions at the health center in addition to specific roles that require advanced training. Staff should review the table below to understand the training required for their specific position.

Training Description	R=Required for All Staff J=Job Specific	Comments	Frequency	Documentation
Employee Handbook	R		Annually – Calendar Year	Human Resources
Employee Code of Conduct	R		Annually – Calendar Year	Human Resources
Fire Safety	R		Annually – Calendar Year	Human Resources
Utility Safety	R		Annually – Calendar Year	Human Resources
Infection Control	R		Annually – Calendar Year	Human Resources
Blood borne Pathogens	R		Annually – Calendar Year	Human Resources
Tuberculosis	R		Annually – Calendar Year	Human Resources
Chemical Hazard/MSDS	R		Annually – Calendar Year	Human Resources
Incident Reporting	R		Annually – Calendar Year	Human Resources
Response to Medical Emergencies	R		Annually – Calendar Year	Human Resources
Security	R		Annually – Calendar Year	Human Resources
Emergency Preparedness	R		Annually – Calendar Year	Human Resources
Hand Hygiene	R		Annually – Calendar Year	Human Resources
HIPAA/PHI	R		Annually – Calendar Year	Compliatric LMS
CMS Fraud, Waste, and Abuse	R		Annually – Calendar Year	Compliatric LMS
Obstetrical Training – general	J	All staff excluding housekeeping/facility/billing staff	Annually – Calendar Year	Compliatric LMS
Enhanced Obstetrical Training	J	All Ob/Gyn Staff	Annually – Calendar Year	Human Resources
BLS Certification	J	Specific clinical staff: LIP, OLCP, OCS	As required	Human Resources
Age-Specific Competency	J	All clinical staff	Annually – Calendar Year	Human Resources
Autoclave Use	J	Positions involved with autoclave operations	Annually – Calendar Year	Human Resources
Autoclave Maintenance	J	Positions involved with autoclave operations	Annually – Calendar Year	Human Resources
Lab Personnel Competency	J	All Lab personnel	Annually – Calendar Year	Human Resources
Bio-hazardous Waste Handling	J	All clinical staff	Annually – Calendar Year	Human Resources
DOT Bio-hazardous Transportation	J	Site Administrators	Upon Hire and every 3 years after	Human Resources

3.00 Employee Handbook

The Employee Handbook was developed to describe some of the expectations of our employees and to outline the policies, programs, and benefits available to eligible employees. Employees should familiarize themselves with the contents of the Employee Handbook upon hiring and at least annually as it will answer many questions about employment with South Cove.

As part of your staff training, please review the handbook and if you have questions or concerns after reading the employee handbook, you can e-mail or call Human Resources.

4.00 Employee Code of Conduct

South Cove Community Health Center is 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 applications of common sense, good judgement, and personal integrity in our daily actions.

Our core values are (CARE):

C= Commitment to the high level of community based patient care 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.

If any employee is approached to do something they believe is wrong, they should check with their supervisor or site manager.

5.00 Fire Safety

South Cove requires each employee to participate in an annual safety training. An employee must know, not only key safety responses, but also fire safety as it pertains to their site. Our goal is to protect the lives of our patients, visitors, and employees by preventing fires.

5.10 Prevention

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 a 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, cleaning solutions containing alcohol, arid cans, excessive paper.

Keep all exits and corridors free of obstructions.

Report potential fire and safety hazards to designated site managers.

5.20 Alerting other staff of a Fire

In the event of a real fire or fire drill, a code phrase is used. The word "FIRE" is not used. The code phrase is "CODE RED". In addition to the code phrase, the fire alarm signal may or may not be active due to size and location of a fire.

5.30 Response to a fire

The plan for responding to fires or during a fire drill that all employees should follow can be remembered through the acronym: **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/EVACUATE, extinguish the fire if it is small and safe to do so, and only after you have completed the first three steps. If the fire is too large to extinguish then evacuate the premises.

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.

5.40 Using a Fire Extinguisher

If you decide to extinguish a small fire, there are four 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 judgement; 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.

5.50 Location of Fire Safety Items

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 departments/sites'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).

6.00 Utilities Safety

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 sewerage systems.

Heating, Ventilation and 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. Any leaks should be reported.

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

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

Elevators: Never use the elevators 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 technician and company.

Please take time to familiarize yourself with any of the utility systems that may be part located within your department and if you have any specific questions, please ask your supervisor.

7.00 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 infection control procedures in their department.

7.10 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/coronavirus.

7.20 Immunizations

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

7.30 Handwashing

Handwashing is the single most important measure to prevent infections (use soap and water). You should wash your hands:

- Before and after work shift
- Before and after examining a patient
- 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.

8.00 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 (refer to Clinical Handbook).

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 blood or body fluid spill
- 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 their job. Bloodborne pathogens are diseases carried in the blood of infected persons. The bloodborne pathogens of concern are Hepatitis B, HIV, and Hepatitis A.

A copy of the exposure plan is available for review online as part of the SCCHC Clinical Handbook.

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

If you get splashed in your eye, you should

- Go to the eye wash station
- Uncap bottle of eye wash solution
- Flush your eye and discard bottle after usage
- Report immediately to Employee Health

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

An Online Video, which further explains Bloodborne Pathogens is available on SCCHC website, which should be viewed in addition to this section.

9.00 Tuberculosis (TB)

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 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 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/respirator to protect employees who enter isolation room, routine and post exposure to TB screening of employees through Employee Health.

If you have a potential TB exposure contact Employee Health immediately for evaluation and follow up.

10.00 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. SCCHC staff should be aware of the potential chemical exposures, the protective measure that should be taken to protect themselves, and what to do in the case of an exposure.

Material Safety Data Sheets (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 exposure, and more. The master file of all MSDS's are maintained online on SCCHC's internal website. Staff should review the sheets prior to use of any product they are unfamiliar.

- Each department must ensure that all employees are familiar with potentially hazardous materials.
- All employees must know the location and have access to the MSDS's sheets (online).
- Other methods used to detect the presence of hazardous chemicals in the work area include alarms, odor, signage, and the biohazard symbol.

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 same product and manufacturer and any hazardous warnings. All labels must be written in English. Additional languages may be added if necessary.

Annual Employee Education.

Employees should review any hazardous chemicals within their department at least annually. Employees should know the purpose and location of the MSDS forms in their department/site.

Ways to Protect Yourself form 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 and equipment with proper fit
- Follow approved practices for cleaning and storing
- Report any damaged equipment

Know emergency procedures:

- Know how to use first-aid supplies like eyewash and emergency showers
- Know emergency alarm signals and procedures

If assistance is needed with a hazardous chemical spill, contact Employee health and your supervisor.

11.00 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 health center can collect data to help 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 are available on the health center's internal website.

All Blood/Body Fluid Exposures should be immediately reported to ensure appropriate and timely therapy.

12.00 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, and other information are collected and analyzed to monitor and trend potential areas of concern.

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 reports
- 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 health center of 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.

13.00 Response to Medical Emergencies

Upon discovery of a medical emergency the following guidelines will be implemented for either a Responsive or Non-responsive patient:

Non-responsive patient:

- Upon discovery of a non-responsive patient, the staff member should immediately call for clinical assistance. Depending on the age of the patient, either an adult or a pediatric provider will be notified to come to the patient. Emergency code of “Code Blue” is identified and secretarial staff is notified. Secretarial staff will immediately telephone “9-911: for ambulance response to the clinic site.
- If staff member is trained in CPR, an “ABC assessment” is conducted and the staff member will immediately begin CPR if indicated. If staff member is not CPR trained, the staff member will immediately notify a provider or other clinical staff member who will initiate CPR.
- The “AED” will be used only by trained staff in the appropriate situation.
- Physician staff will conduct an assessment of the patient’s condition and report this information to the responding EMT’s. Physician will take control of the situation and provide instruction for the staff.
- Clinic staff will remain with the patient at all times and complete the medical emergency response form and submit the form to the COO and Director of Clinical Operations.

Responsive Patient:

- Upon discovery of a conscious patient who is experiencing a medical emergency (i.e. shortness of breath, chest pain, dizziness, etc.), the staff member will stay with the patient, make the patient as comfortable as possible, provide for the safety of the patient and immediately call for clinical assistance. Emergency code of “Code Blue” is used to notify the secretarial staff.
- A clinical assessment of the patient’s conditions is made by the clinical staff (MD or nurse). The physician will take control of the situation and provide instruction for the staff.
- In the event that the patient will require transport to a hospital, the secretarial staff will dial “9-911” for ambulance response.

First Aid Kits:

- Each clinical site will have a designated First Aid Kit with appropriate supplies to handle emergencies for both adult and pediatric patients.
- Monthly checks of the First Aid Kits will be done by a designated clinical person at each site. Note; the First Aid Kit check will consist of examining the contents of the kits to ensure that all medications are not expired, and that all supplies are in working order.

Training:

- All staff will be educated regarding their roles in an emergency situation
- Clinical staff will be trained in the use of an automatic external defibrillator (AED)
- Mock training will be conducted on a quarterly basis to assure appropriate response. (The mock training is not necessary if there had been a Code Blue at the site during that quarter).
- Documentation of the training will be maintained by the Director of Clinical Operation

14.00 Security

Our staff at South Cove Community Health Center strive for a safe 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 an ID Badge
- Securing work areas – even if only away 5 minutes
- Reporting missing items
- Reporting all thefts
- Reporting unusual activity
- Call site manager to report suspicious incidences
- Not shearing passwords
- Securing equipment

Violent activity should be reported immediately. The health center has an internal code staff can use to report a violent patient by calling the reception desk and asking form “Mr. Smith”. Please refer to the health center administration manual for more information about how on this policy and training.

In case of an emergency, always call “9-911”.

15.00 Disaster/Emergency Preparedness

There are three categories for identifying disasters/emergencies:

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

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

Mass casualty disasters: include fires, explosions, hazardous chemical spills, transportation disasters, power loss, 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. At home this may include portable radios, television, or telephone calls.

Always try to remain calm during an emergency. Review the health center's emergency evacuation procedures and routes. Participate in the health center's fire drills and other drills as provided. By participating in the drills you will be able to respond quickly and effectively during a real emergency.

16.00 Section Intentionally Removed.

17.00 Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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

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

The HIPAA Privacy Rule protects the privacy of patients by:

- Limits 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:

- Following certain rules to protect patient information.
- Tell patients about their rights.
- Make sure it is permissible to use and share certain patient information.

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

Healthcare Providers:

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

Healthcare Employees:

- Talk to patients' family members (after receiving permission from the patient).
- Share information with patients' families (after receiving permission from the patient).

Under certain situations:

- Share information with public health officials on cases of certain diseases.
- Court orders.
- Domestic Violence cases.

If the organization does not follow the Privacy Rule:

- The organizations 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.

18.00 CMS Fraud, Waste, and Abuse (FWA)

Every year billions of dollars are improperly spent because of FWA. It affects everyone—including you. The health center provides training that will help you detect, correct, and prevent FWA. You are part of the solution. Combating FWA is everyone's responsibility! As an individual who provides health or administrative services for Medicare and Medicaid enrollees, every action you take potentially affects Medicare and Medicaid enrollees, the Medicare or Medicaid Program, or the Medicare Trust Fund.

The health center provides training regarding Medicare FWA to applicable staff. If you have any questions, please ask your supervisor.

19.00 Age Specific Care

You will provide care or encounter 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 view the online Age Specific Video training available on the health center's internal website located under the training tab. If you have any questions, please ask your supervisor.

20.00 Gynecological/Obstetrical Care

Purpose

This plan outlines the structured approach South Cove Community Health Center uses to deliver annual risk management training pertaining to gynecological and obstetrical care, to ensure compliance with the Federal Torts Claims Act (FTCA) requirements and promote safe, high-quality care for patients of reproductive age.

Scope

This plan applies to all applicable levels of staff, including:

- Clinical providers (physicians, NPs, PAs)
- Nursing staff (RNs, LPNs, MAs)
- Allied health professionals (e.g., behavioral health, nutrition)
- Frontline staff with patient contact
- Contractors who provide OB-related services on behalf of SCCHC

OB Training Requirement

Per FTCA guidelines, SCCHC provides OB training **annually** to all clinical staff who:

- Provide care to **pre-natal, post-partum, or reproductive-age patients**
- Have the potential to encounter OB-related issues in the course of primary care or family planning visits
- Provide services directly or are part of contractor teams delivering OB care

OB Training Content

OB topics are chosen based on:

- Health center risk management data (e.g., incident reports, patient safety trends)
- Community health assessments
- Staff competency needs

Possible topics include:

- Recognition and management of pregnancy-related emergencies
- Maternal mortality and morbidity
- Shoulder dystocia drills
- Postpartum depression screening and referral
- Electronic fetal monitoring (if applicable)
- Cultural competency in reproductive care

Training Sources

Acceptable sources include:

- HRSA and ECRI online courses (e.g., Electronic Fetal Monitoring training)
- In-house presentations by medical directors or OB consultants
- Publicly available CME/CNE-accredited OB safety modules
- Other approved vendor trainings

Training Delivery Methods

Training may be delivered via:

- In-person lectures or drills (e.g., OB emergency simulations)
- Online learning modules (self-paced or live webinars)
- Hybrid sessions (combination of video and in-person discussion)
- Department-specific clinical huddles or safety briefings

Documentation and Tracking

- Completion is tracked through SCCHC's Learning Management System (LMS) or designated training tracker.
- Staff sign-in sheets or completion certificates are collected for in-person and virtual training.
- Annual audits are conducted to ensure compliance and completeness.

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Visit

www.scchc.org/training

for more information
and
training videos