JORDAN VALLEY MEDICAL CENTER
and/or
JORDAN VALLEY MEDICAL CENTER, WEST VALLEY CAMPUS

Student Orientation 2016

PLEASE RETURN PAGES 23-35 TO THE EDUCATION DEPARTMENT
WELCOME

Welcome to Jordan Valley Medical Center / Jordan Valley Medical Center/West Valley Campus
We hope that this manual will assist you in your orientation at Jordan Valley Medical Center and Pioneer Valley Hospital.

Please respect our visitors and customers by parking in the following:
- Jordan Valley Medical Center – Northwest Parking Lot and entering through the Northwest next to the Emergency Room.
- Pioneer Valley Hospital – East parking lot in the white colored parking spaces and entering through the Southeast door next to the cafeteria.

It is advisable that you leave your valuables at home. If you choose to purchase a lunch, the cafeteria is located on the first floor and offers an excellent selection of foods and snacks.

Jordan Valley Medical Center
&
Jordan Valley Medical Center/West Valley Campus

Mission Statement

“The Mission of Jordan Valley Medical Center and Jordan Valley Medical Center/West Valley Campus is to provide the community with excellent healthcare.”

Vision Statement

- Taking good care of our patients
- Treating our employees fairly
- Working with our physicians as partners
- Working hard and using resources wisely
- Constantly striving to improve the quality and safety of care delivered to our patients
- Doing what is right

Values

Accountability – We encourage creative thinking to promote quality and excellence in healthcare delivery.

Compassion – We care about people, treating our patients and each other with dignity and respect.

Customer Service – We strive to exceed the expectations of those we serve.

Integrity – We act with honesty and are accountable, one to another.

Respect – We hold others in high regard and appreciate and value the differences between us.
Safety – We strive to provide a culture focused on reducing the risk of harm.

Teamwork – We work together to achieve common goals.

ELECTRICAL SAFETY

Grounding is the single most important principle in electrical safety.

Every piece of electrical equipment has the potential to leak current. Any conductor touching a piece of equipment that is leaking current could pick up that current. A ground wire and prong provides an escape route for leaking current. For this reason, the following rules apply to ensure a safe atmosphere for patients, visitors and staff.

1. Never use a piece of equipment that is not equipped with a ground plug.
2. Never use electrical equipment when the ground prong is loose, broken or missing.
3. Frayed or damaged electrical cords should not be used. Report these to the Engineering Department immediately.
4. When a “tingle” or shock is felt, unplug the equipment and report to your supervisor or the Engineering Department at once.
5. When disconnecting electrical cords from a wall outlet, grasp the plug and tug gently. NEVER grab the power cord and “yank” on it.
6. Cables and cords must be kept protected from oil or chemicals, liquids and sharp objects to prevent damage.
7. Arrange equipment cords and cables away from foot traffic and keep them off stairs and out of aisles.
8. Unless it is specifically part of the job assignment, never open panel boxes, reset circuit breakers, or change fuses. Report all electrical problems to the supervisor or the Engineering Department.
9. Avoid a “Trip” hazard by careful placement of the electrical cords from beds, etc. To prevent electrical shocks and fires, check for damaged plugs, and/or pinched wires on the beds and other equipment. Report all problems to your supervisor or the Engineering Department.
10. Never use water or a water fire extinguisher to fight an electrical fire.

RADIATION SAFETY

General Radiation Safety guidelines include:

- Employees working directly with radiation emitting machines or radioactive materials will follow special safety procedures, which do not apply, to general Medical Center employees. Employees in Radiology and Nuclear Medicine must be aware of and follow these procedures correctly.
- Any questions about contamination or radioactive spills should be brought immediately to the attention of the Nuclear Medicine Department. DO NOT proceed with clean-up or decontamination without notifying Nuclear Medicine first.
- Patients who have had x-rays or CT Scans are not radioactive.

HAZARDOUS MATERIALS MANAGEMENT

Jordan Valley Medical Center and Pioneer Valley Hospital are working hard to protect you against the dangers of hazardous materials. In addition the Occupational Safety and Health Administration (OSHA) has issued the “Hazard Communication Standard.” This rule states you have a “Right to Know” what hazards you may face on the job and how to protect yourself.
Some examples of hazardous materials are:
- Infectious substances
- Flammable liquids and gases
- Radioactive materials
- Toxic Chemicals

Hazard communication starts with the chemical manufacturer. Each company that makes or imports chemical must evaluate the possible physical and health hazards of each substance they make. This information is found in two places: 1. The container labels, and 2. Material Safety Data Sheet information which can be accessed by calling the phone number listed on each phone throughout the hospital. There are Three “Master copies” of the MSDS that can be found in the Emergency Department, Materials Management and in Plant Operations office.

The manufacturer labels each container of hazardous chemical. The label may use words or symbols to tell you:
- The name of the chemical.
- The name, address and emergency phone number of the company that made or imported the chemical.
- The physical hazards.
- Storing or handling instructions.

When a Significant spill occurs, the following should take place:
- Consult the MSDS by consulting the MSDS Manual in your department.
- Call the Medical Center operator to notify of the spill.
- Isolate the area.
- If an employee is exposed to the chemical they should be taken to the Emergency Department, complete an Employee Medical Report of Injury, and notify the Employee Health Nurse.
- Complete spill assessment report and forward to Risk and Safety Manager following clean up.

**CODES**

**MEDICAL EMERGENCY CPR**
- Determine Unresponsiveness,
- If unresponsive, Dial 4444, give location or room number,
- Begin CPR, if qualified.
- Avoid the use elevators. Unless you are assisting in the transport of the patient.
- Remove roommate or visitors.
- Provide support for family.

**DISASTER**
Review department plan for specific responsibilities of the staff in your department.

**GENERAL INFORMATION**
- The Command Center will be announced for a particular location.
- Elevators are for the use of disaster personnel, linen transport, etc.
FIRE

A fire in any area of the hospital(s) is an emergency, which must be resolved quickly. Employees and students are encouraged to know and implement the four basic steps in the event of a fire using R. A. C. E.

R ESCUE
Rescue the patient(s) from danger. Disconnect oxygen from the wall outlet only for the patients in immediate danger from the fire. Close the door behind you.

A LARM
Activate the nearest alarm box and call the Medical Center operator at extension “0” or 4444 on a red phone. Give the exact location of the fire by floor and room number and the extent of the fire. Remain on the line until the operator has verified the information given. The operator will announce “CODE RED” over the public address system to alert other Medical Center personnel that a fire is in progress.

C ONFINE
Close all doors and windows in the area of the fire. This will limit oxygen supply to the room.

E XTINGUISH
Extinguish only very small easily controlled fires, or fires that prohibit the removal of patients.

General Response of Employees:
• Do not use any elevator during a Code Red.
• Reassure patients and visitors that everything is under control.

Protect or Contain in Place:
• Close all windows and doors, including fire doors in hallway.

Prepare to Evacuate
• Clear hallways of all equipment.
• Flag Kardex for helpless patient needs:
  • Stretcher/wheelchair patients.
  • Patients requiring O₂
• Obtain portable O₂ tanks, wheelchairs, and stretchers when necessary.
• Check patient rooms and mark vacant rooms with tape.

Collection Point Evacuation:
• Evacuate only if ordered by Fire Department/Security.
• Patient will be moved horizontally away from announced Code Red area.

ALL MANPOWER AVAILABLE
Out of control situation requiring additional personnel. Security needed immediately, all manpower/staff available should go to call.
• Call 4444
• Request Code Green

CODE RED

CODE GREEN
HOSTAGE SITUATION  
If you identify a hostage situation you should.
- Dial 4444, Request a Code Orange, stay on the line, PBX will call 911 for you.
- Secure the immediate area and remove all personnel to an area that is safe and secure.
- Write down everything, keep a log.
- Do not talk with the media.
- Follow instructions from the police, once they arrive.

BOMB THREAT  
The person receiving the bomb threat should:
- Keep the person talking.
- Ask:
  Where is it?
  What time is it set to go off?
  What does it look like?
  What is the explosive?
  Where was it placed?
  Why was it placed?
- Attract attention of another employee to dial 4444 (PBX).
- PBX will alert security.
- Follow instructions of selected staff or Security Department.

INFANT ABDUCTION  
Should an infant be abducted the following procedures shall be followed:

NURSING
- Nursing personnel shall search the unit and obtain a head count of all infants.
- The mother of the missing infant shall be questioned regarding other possible locations of the child.
- Facility Security and other designated personnel shall be notified immediately so that all building and parking exits can be sealed.
- If the incident occurs close to shift change, all personnel designated to leave will remain until released by law enforcement personnel.
- Facility personnel shall protect the crime scene until law enforcement forensic experts arrive for evidence.

FACILITY SECURITY AND ADMINISTRATION
- A hospital wide search of the facility and grounds will be instituted immediately. All exits shall be sealed. Time is of essence, as the abductor may not have left the premises.
- Law enforcement shall be notified immediately. Request that a standard crime code be used over the radio without describing the incident. This will help to prevent unwanted media publicity.
- Suspicious individuals should be approached and asked to inspect their belongings. If the person refuses, follow and gather descriptive information.
- Administration will brief the public relations spokesperson.
- Information released to the media shall be approved by the law enforcement.
- All other area facilities and clinics shall be notified and a complete description of the infant and abductor, if known shall be provided.
- Remember to wear your identification badge or name badge at all times.
MISSING CHILD  CODE ADAM
The same action as will be implemented as in a Code Pink.

SEVERE WEATHER APPROACHING  CODE GRAY
The Safety Officer or designee will call the code when information is received that severe weather is approaching.

The staff will do the following if a Code Gray is announced:
Tornado or high wind warning:
- Draw blinds
- Pull all drapes and curtains
- Provide patients with pillows
- Move to safe areas as outlined in Severe Weather Plan.
- Assist patients to get to safe locations.
- Move all visitors and other staff to interior hallways.

EARTHQUAKE  EARTHQUAKE
Protect yourself. Take cover; stay away from windows, mirrors, shelves, etc.
Prepare to evacuate.

BEGIN EVACUATION  CODE EVACUATE
In the event that evacuation of the Medical Center should take occur, the following procedures should take place.

- Close all doors, Close blinds.
- Clear hallways of all equipment.
- Obtain portable O₂ tanks, as necessary.
- Check patient rooms, closets, etc.; marking vacated rooms with tape.
- Refer to Kardex to indicate helpless patients, stretcher and wheelchair patients.
- Report to rendezvous site.

STROKE PATIENT  CODE PURPLE
- If you suspect stroke with a patient, look for the following with a patient
  - Facial droop – Ask patient to smile and look for unevenness or drooping on one side of face.
  - Arm drift – Ask patient to lift both arms at shoulder level, if one arm is hanging lower or drifts downward.
  - Inappropriate speech – Watch for confused garbled speech or slurring of words.
- Dial 4444, request a Code Purple

ACTIVE SHOOTER  CODE SILVER
How to respond when an active shooter is in your area:
- 1-Evacuate: Have an escape route and plan in mind, Leave your belongings behind, Keep your hands visible
- 2- Hide Out: Hide in an area out of the shooter’s view, Block entry to your hiding place and lock the door. Silence your cell phone and beeper
- 3-Take Action: As a last resort and only when in imminent danger, Attempt to incapacitate the shooter, Act with physical aggression and throw items at the active shooter

How to respond when law enforcement arrives:
Remain calm and follow instructions. Put down anything in your hands (i.e. cell phone, bag coat). Raise your hands and spread your fingers. Keep hands visible at all times. Avoid quick movements toward officers. Avoid pointing, screaming and yelling. Do not stop and ask the officers for help.

Information you should provide to law enforcement or 911 operator:
- Location of shooter
- Number of shooters
- Physical description of shooters
- Number and type of weapons used
- Number of potential victims at the location.

**STEMI**

STEMI stands for ST segment elevated MI. This code is called for anyone coming into the ED (or an inpatient) having a myocardial infarction. Because time is of the essence with these patients, when a code STEMI is called, a designated team is notified. Code STEMI team is made up of:

- Cath Lab personnel
- ER Nurse
- ER TLA
- Phlebotomist
- Respiratory Therapist
- Rad Tech
- Hospital Operator
- House supervisor

If you are hired for any of these positions, find out your department specific role in a Code STEMI during your unit orientation.

**RAPID RESPONSE**

The rapid response team is a multidisciplinary team that responds to urgent situations in the hospital. The team consists of an ICU RN, a Respiratory Therapist, the Primary Nurse and a Hospitalist. The rapid response team is called for any clinically unstable patient and may be called anytime by dialing 4444.

**INFECTION CONTROL**

Preventing the spread of disease to patients, employees, and visitors is the responsibility of every employee in the medical center. Infections can lengthen a patient’s stay, cause inconvenience, pain, and increase health care costs. As we provide care to patients, whether in the ER, other outpatient areas, or in inpatient areas, we must all think about the possibility of the patient having an illness that may be spread to other patients or to staff. Use of appropriate personal protective equipment is essential when assessing, caring for or transporting patients expected or diagnosed with illnesses that are transmissible to others. Departments receiving such patients should be made aware of the possible diagnosis so they may also use the appropriate personal protective equipment.

It is important that Standard Precautions and Transmission Based Precautions be followed with all patients – the diagnosed and undiagnosed. All patients should be considered potentially infectious. **Standard Precautions** are work practices that are used when an employee may come in contact with a patient’s blood, other body fluids, non-intact skin or mucous membranes. **Hand washing is the single most important thing that can be done to prevent transmission of diseases to others.** Gloves must be worn any time exposure to
body fluids is likely. Masks, face and eye protection must be worn any time splashes or sprays of blood or body fluids would be likely. Gowns and other personal protective equipment are to be worn as needed to protect the employees from exposure to body fluids. **Transmission Based Precautions** give more detailed guidelines for the care of patients with suspected or diagnosed illnesses. There are three categories:

1. Airborne (TB, Measles, Chicken pox)
2. Droplet (Pertussis, Meningitis, Rubella)
3. Contact (Scabies, draining wounds, Rotavirus, MRSA)

Disease specific guidelines and Isolation Policies are included in the Infection Control Manual found in each department. Remember – the best defense is to protect you and others by strictly following Standard Precautions and Transmission Based Precautions. The use of personal protective equipment is mandatory.

**Infectious Waste**
Items such as dressings with blood and body fluids must have enough blood to be smearable or able to be released from the dressing to be considered Infectious Waste. Infectious waste is defined as:

- Liquid/Semi-liquid blood
- Contaminated articles – capable of releasing blood
- Sharps
- Pathological waste
- Microbiological waste

Infectious waste is disposed of in red bags, sharps containers, or containers with the Biohazard symbol. All linen is considered contaminated. Soiled linen should be handled as little as possible and placed in a leak proof bag. It does NOT need to be disposed of as infectious waste even if it has blood on it.

**Spill Clean Up**
Clean up blood and body fluid spills immediately. Wear gloves and other personal protective equipment as needed to protect you as you are doing the clean up. Spill kits, containing absorbable powder, are available through Housekeeping. If the amount is small, you may soak up the fluid with paper towels and discard in appropriate container. Flood area with disinfectant, letting sit ten minutes to kill all microorganisms then wipe up. Remove gloves and wash hands thoroughly.

**Hand Washing** is considered the single most important procedure for preventing the spread of disease.

**When:** Before and after direct patient contact, after glove removal, after personal toileting, blowing nose, coughing or sneezing into hands, before and after eating.

**How:**
- Wet hands under running water.
- Keep hands lower than elbows and apply soap.
- Use friction to clean between fingers, palms, backs of hands, wrists, and around nailbed for 15 seconds.
- Rinse under running water. Do not touch inside of sink with clean hands.
- Use dry paper towel to dry hands.
- Use second dry paper towel to turn off water faucet.
- Jewelry, chipped nail polish, and artificial nails are all difficult to clean in cracks and crevices and should not be worn in work place.
**Germ Barriers:**
- If it is wet, warm and not yours, **wear gloves to touch it.**
- If it is aerosolized and in the air, **wear eye protection and a mask.**
- If it drips or splashes, wear a **cover gown and consider a face shield.**

**Hepatitis B**
This is an inflammation of the liver caused by the Hepatitis B virus. Symptoms may include loss of appetite, nausea, vomiting, dark colored urine, jaundice or liver damage. The symptoms may be so mild, they are hardly noticeable or they may be serious enough to cause death. Hepatitis B is spread to healthcare workers by exposure to an infected person’s blood or body fluids through injuries from sharps or from mucous membrane and non-intact skin exposure from spills or splashes.

Vaccination with Hepatitis B vaccine provides excellent protection against this virus. The vaccine consists of a series of 3 shots given over a period of 6 months. The vaccine is very effective and quite safe. Other protective measures include following Standard Precautions guidelines and the proper use of personal protective equipment.

**Hepatitis C**
Like Hepatitis B Virus, Hepatitis C Virus is found in blood and body fluids and it also infects the liver. Healthcare workers can become exposed to this virus in the same way as Hepatitis B. There is no vaccine to protect you. The healthcare worker must follow Standard Precautions and use of personal protective equipment in order to be protected in the health care setting.

**HUMAN IMMUNODEFICIENCY VIRUS**
- HIV attacks the body’s immune system causing the AIDS disease. There is presently no vaccine to prevent the infection.
- HIV can be transmitted through semen, vaginal fluid and blood. In the healthcare setting it could be transmitted through a needle stick or when blood gets into existing cuts, abrasions, or mucous membranes. Casual contact is not a risk factor.
- Many people who carry the virus do not have symptoms for years.
- Most will eventually develop AIDS and there is currently no cure.
- Symptoms of AIDS include flu-like symptoms, swollen lymph glands, night sweats, fever, cough, diarrhea, and weight loss. In advanced stages, pneumocystis carinii and Kaposi’s sarcoma may appear.

**TUBERCULOSIS**
Tuberculosis is still a health problem. TB transmission can be prevented by rapid identification and treatment of patients with active pulmonary disease. TB is spread through the air when the infected person coughs, sneezes, sings or yells. You CAN get it by breathing those aerosolized TB germs into your lungs. Because of this, TB patients are placed in Airborne isolation in a negative pressure room. You CANNOT get TB by touching bed linens, doorknobs, etc.

**Diagnosis and Treatment of TB:**
A positive skin test requires taking a health history for possible signs and symptoms of active disease. In most cases, when a person becomes infected the body’s immune system surrounds the germ and prevents active disease from developing. A chest x-ray is done as the next step in diagnosing TB in the lungs. A person with a positive skin test can have either Latent TB (non infectious) or Active disease.

1. **Latent Disease:** a person has a positive PPD, a normal chest x-ray, and has no signs or symptoms of active disease. An assessment is completed and a referral may be made to the
health department for preventive medication. A person with Latent TB infection is considered non-communicable and can continue to work.

2. **Active Pulmonary TB disease**: Person has a positive PPD, an abnormal chest x-ray and symptoms. Sputum samples x 3 are submitted and are usually positive for TB. If active disease is confirmed, the local health department is notified for treatment and follow-up. The employee can not work or have contact with the public until they are taking appropriate medications and sputum specimens are negative.

**Symptoms of active disease:**
- Persistent and productive cough
- Night sweats
- Weight loss
- Fever
- Loss of appetite
- Coughing up blood

**Treatment:**
Treatment usually consists of taking at least 4 medications daily for many months. Follow-up sputum sampling and chest x-rays will help determine the effectiveness of the treatment. When the employee is considered to be non-communicable the doctor may then release them to return to work. Medications must continue until the course of treatment has been completed.

### IMMUNIZATION

**PPD**

All employees are required to have an assessment for TB. For those with a negative PPD history, the employee will have an initial PPD with a 2nd one in 1 – 2 weeks if no documentation is available of a PPD within the past year. Thereafter, employees are tested annually. If exposure occurs, testing will be done at that time and again in 3 months. For those employees with a history of a positive PPD, a chest x-ray may be required if no documentation of having received treatment is available. Those with a positive PPD should also see employee health annually for a review of signs and symptoms of active TB.

**Hepatitis B**

Employees whose job requirements place them at risk of exposure to blood and body fluids are offered Hepatitis B vaccine. If the employee refuses, he/she must sign the refusal form. Employees already having the vaccine need to bring documentation of dates or titer results.

**Measles and Rubella**

Documentation of having received vaccine for Measles, Mumps and Rubella after 1970 is required for all employees born in 1957 or later. Titers showing immunity are also acceptable. Those born before 1957 are considered immune.

**Varicella (Chicken Pox)**

A history of having had the disease meets this requirement. If the employee is quite sure he/she has never had chicken pox, a titer will be drawn to determine immunity. If the employee is not immune, varicella vaccine will be offered and provided.
**Td**

Employees are encouraged to keep current with their Td, which is recommended every 10 years. The Medical Center does not require this nor provide the vaccine to employees.

**Flu**

Flu vaccine is offered and encouraged each fall at no cost to employees.

**LATEX ALLERGY**

Jordan Valley Medical Center is working toward becoming a Latex Free Zone. We do not allow Latex balloons and provide Non-Latex gloves for our staff. Those at risk for natural rubber latex allergy include:

- Patients with neural tube defects.
- Patients requiring chronic catheterization.
- Anyone with a history of banana or avocado allergy
- Patients who have had multiple surgeries
- Patients/Staff with occupational exposure to latex.
- Anyone with a history of allergic reaction during a dental exam or after touching balloons, rubber gloves or any latex product.
- Healthcare personnel and others who wear gloves frequently
- Newborns of mothers with latex sensitivity

The medical center has a latex free cart which has the basic supplies for patient care. It is the law that any supply which contains latex must be marked; check packaging for this information. Please consult the Policy and Procedure for Latex Allergy/ Patient Care.

If you have a known Latex allergy or have any questions, please contact the Employee Health Nurse x4266.

**OSHA OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION**

The Bloodborne Pathogen Law became effective December 1991. As part of the law an Exposure Control Plan must be made available for all employees and students. A complete copy of the plan is available in the Employee Health Office and in the Infection Control Policy Book in “Compliance 360”.

- This law applies to all occupational exposures to blood or other potentially infectious body fluids or materials including: semen, vaginal secretions, CSF, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures or any body fluid visibly contaminated with blood.
- Personal protective equipment (gloves, goggles, face shields, gowns, aprons, laboratory coats) will be utilized during any procedures that may result in any potential exposure to blood and body fluids that may contain blood, as indicated in the current Standard Precautions policy.
- Jordan Valley Medical Center will make available in the work place the necessary personal protective equipment for all employees.
- Hepatitis B vaccine is required for all employees who have any risk for Hepatitis B. Employees will provide documentation of having received the vaccine. If employee is in job category I or II and has not received the vaccine, it will be offered. If employee refuses vaccine, he/she must read and sign the refusal statement. If they decide later to get the vaccine, it will be offered.
- Compliance to Standard Precautions and Transmission Based Precautions is mandatory.
Contaminated sharps and needles will be discarded in sharps containers provided in all patient care areas. Needles should not be recapped and never bent by hand. A one-handed recapping or recapping device can be used. Whenever safety needles are provided, they will be used if available in needed size.

Eating, drinking, smoking, applying cosmetics and handling contact lens are prohibited where there is a reasonable risk of exposure to blood or body fluids. This includes any area in which specimens of body fluids are handled.

If an employee experiences an exposure to blood or body fluids, it will be reported immediately to the Department Director or House Supervisor and Employee Health Nurse. If neither are available, go directly to the emergency room. See policies on Exposure Control Plan and Post Exposure Prophylaxis.

**BLOODBORNE PATHOGEN INJURIES**

All Bloodborne Pathogen Injuries (including needle sticks and splashing of body fluids to the mucous membranes or non-intact skin) will be reported immediately to the Employee Health Nurse at extension 4266, and to the unit manager or supervisor. If the Employee Health Nurse is available, she will do an assessment of the employee and the source, if the patient’s physician has not done it. This will determine whether the employee needs to be seen in the ER. If the Health Nurse is not available, the employee will go the ER for assessment. An Occurrence Report will be completed and submitted to the Employee Health Nurse within 24 hours. If seen in the ER, the employee will also complete the Workers Compensation Insurance Worksheet for Worker’s Compensation.

Whenever possible, the source of the infectious body fluid will be determined. It is important that an assessment of the source patient be done immediately so the employee will know the risk of HIV exposure and determination can be made as to whether HIV prophylaxis should be offered to the employee. This assessment can be done by the patient’s physician, the Employee Health Nurse or by a staff nurse to determine whether there are risk factors for having HIV, Hepatitis B or C. Informed, signed consent must be obtained from the source prior to any testing for HIV. Lab results on the source will be made available to the exposed employee.

If the exposed individual consents, he/she will have baseline HIV test and will be re-tested according to current policy. The number of follow-up tests is dependent on the test results of the source. The person will also be tested for Hepatitis C antibody. If he/she has had the Hepatitis B vaccination series, a Hepatitis B antibody will be drawn if there is not a copy of a recent positive titer. If he/she has not had the series, Hepatitis B vaccine will be offered and encouraged.

A medical assessment and counseling post exposure will be provided to the individual free of charge.

Records on exposures are kept in the Employee Health office and must be available for **30 years**.

If you have any questions about this, you may call:
Infection Control - Employee Health
801-562-4266

**BACK SAFETY**

Back Care Basics
Most back problems are not the result of a single injury. Even though pain is often felt suddenly, such as with a twist or a lift, the problem is almost always due to a combination of several factors.

- Poor posture
- Faulty body mechanics
- Stressful living and working habits
- Loss of flexibility
- General decline of physical fitness
Take care of your back. To reduce stress on the back:

- Never reach above your shoulders to lift something.
- When moving objects, do not twist the back. Turn the whole body in the direction you are moving the object.
- When reaching down to pick up an object, bend your knees and not your back.
- Plan your movements ahead of time.
- Ask for assistance when appropriate.
- When sitting, keep your feet flat on the floor.
- Shift sitting position several times during the day.
- Use a lumbar support such as a small pillow, in the small of the back.
- Place one foot on a low stool when standing for long periods of time.
- Avoid lying on your stomach.
- It is best to lie on you side with knees bent.
- Lie on your back with a pillow under your knees.

**ERGONOMICS**

Ergonomics is the study of work requirements in relation to the physical and psychological capabilities and limitations of people. In other words, ergonomics seeks to fit the job to the person rather than the person to the job.

Certain wrist and hand movements may increase your chances of developing repetitive motion problems. By making a few small changes, you can break the movement patterns that could otherwise set you up for injury. One way to avoid problems is to work with well-designed tools and know how to hold and use them. Also, learn how to modify the way you use your wrist and hand to avoid harming your muscles, nerves or tendons.

**Working with tools:**

- Use tools that are the right size and length for your hand so you don’t have to “adjust” by using awkward positions to hold them.
- Use tools that are the right shape for the job you’re doing, so you won’t have to use too much force on the wrong part of your hand.
- Use power tools with the least amount of vibration.

**Know the right position:**

- To work smart, stand or sit so your arms and wrists remain in a natural (neutral) position.
- Keep your wrists straight. Avoid bent, extended twisted positions for long periods of time. This will keep extra pressure off the wrist and hand. Be sure your workstation fits you.
- Many jobs require stressful positions and activities, but if they are interrupted frequently, injury can be prevented. Do stretching exercises before beginning your day’s work and repeat them periodically throughout the day.
- Change the job tasks throughout the day. This will relieve the stress on muscles and nerves.

If your work station does not fit you, be sure to talk to your manager or to the Employee Health Nurse to see what adjustments can be made. Prevention of injuries is our goal.
EMPLOYEE EDUCATION

Educational opportunities are provided to all employees on an on-going basis. Medical Center wide offerings as well as specific departmental topics are made available. Participation in these sessions is strongly encouraged as a means to obtain professional growth and personal knowledge. All job descriptions have a minimum number of education hours that are required on an annual basis. Your assistance is greatly appreciated in identifying any educational needs. Feel free to discuss these with your Department Director or the Education Coordinator at 801-562-4217. All employee education files are kept in a computerized database by the Education Coordinator. Copies of all required certifications (BLS, ACLS, PALS, etc.) are to be submitted to the Human Resources upon hire and following each renewal session.

AGE SPECIFIC CARE

All staff providing patient care and services need to demonstrate on an on-going basis, knowledge and competence in providing care to all age groups served by the Medical Center. This is a Joint Commission requirement as well as a quality of care issue. The information below will assist in understanding the different age groups in order to more fully meet the needs of our patients.

INFANT-BIRTH TO 1 YEAR

Infants like:
- Touch
- Talking
- Musical Toys
- Peekaboo/Patty Cake (6 months- 1 year)
- Being read to (6 months- 1 year)
- Music (6 months- 1 year)

Diet:
- Breastmilk or formula 6-8 times/day or on demand
- Begin solid foods at 4-6 months
- Teething begins by 6 months
- Doubles birthweight by 6 months
- At risk for dehydration

Pain:
- Remember painful experiences after 6 months of age
- Need to be medicated for pain when appropriate
- Have faster metabolism so pain medications work more quickly

Health Maintenance:
- Teach parents the importance of immunizations

- Encourage parents to seek well child check-ups from their Health Care Provider
- Childproof Medical Center room
- Instruct parents to childproof home
- Instruct parents on the importance of knowing CPR, the poison control phone number, 911
- Place infant on back to sleep to prevent SIDS
- Car seats, place child-facing rear of car until they reach 20 pounds.
- Car seat placed in back seat
- Observe for signs/ symptoms of child abuse and report to Child Protective services when appropriate

Separation Anxiety:
- Encourage parents to stay with infant
- Bring infant’s favorite toy/blanket to Medical Center.

TODDLER AGE 1 TO 3 YEARS

Toddlers like:
- Push/pull toys
- Dolls
- Trucks
- Being read to
- Music
- Videos/TV
- To play by themselves
- Don’t like to share

Pain:
• Remember painful experiences
• Need to be medicated for pain when appropriate

**Health Maintenance:**
• Teach parents the importance of immunizations
• Encourage parents to seek well child check-ups from their Health Care Provider
• Childproof Medical Center room
• Instruct parents to childproof home
• Instruct parents on the importance of knowing CPR, the poison control phone number, 911
• Car seats
• Car seat placed in back seat

**Diet:**
• Drink from cup
• Likes finger foods
• Are finicky eaters
• Like small frequent meals/snacks
• Like to feed self
• Are at risk for dehydration

**PRE-SCHOOL AGE CHILDREN 3 TO 6 YEARS**

Pre-School Age Child likes:
• Group play
• Music
• Videos/TV
• To dress self
• Vivid imagination

**Health Maintenance:**
• Teach parents the importance of immunizations
• Encourage parents to seek well child check-ups from their Health Care Provider
• Instruct parents on the importance of knowing CPR, the poison control phone number, 911
• Seat belts while in car
• Bicycle helmets

**Diet:**
• Likes finger foods
• Are finicky eaters
• Like small frequent meals/snacks
• Likes to choose own food

• Are at risk for dehydration

**SCHOOL AGE CHILD AGES 6 TO 12 YEARS**

School Age Child likes:
• Board/Video games
• Books
• Music
• Art
• Videos/TV
• Friends
• Maintain home routine while in Medical Center
• Encourage independence

**Health Maintenance:**
• Wear seat belts
• Wear helmets safely
• Instruct about illicit drugs
• Abstaining from smoking
• Protection from firearms

**Diet:**
• Allow school age to choose food preference.

**ADOLESCENT AGES 12 TO 18 YEARS**

An adolescent likes:
• Increased sleeping/eating during growth spurts
• Need to fit in with peer groups.
• Developing own identity
• Choosing own values
• Very independent
• Self-conscious about physical appearance
• Privacy

**Health Maintenance:**
• Auto safety
• Sport safety, helmet safety
• Alcohol, smoking and drug safety
• Depression/Suicide
• Eating disorders
• Self esteem
• Sexually Transmitted Diseases

**Diet:**
• Reinforce good food choices
ADULT AGE 18 TO 65 YEARS

The Adult has:
- Multiple roles, look for signs of stress
- Teach stress management

Health Maintenance:
- Women: Cervical Cancer screening; Breast exams and Mammography.
- Men: Monthly self testicular exams and PSA
- Both: Cholesterol checks, Colorectal cancer screening; Sexually transmitted disease, Alcohol in moderation, abstaining from smoking and illicit drug use

Diet:
- Reinforce high fiber, low cholesterol diet

THE ELDERLY AGES 65 YEARS AND OLDER

The Elderly have:
- Poor skin turgor
- Sensitivity to heat and cold
- Slower cognition
- Short term memory loss
- Decrease hearing and visually acuity

The Elderly may have difficulty adjusting to:
- Changes in family roles; adjusting to retirement and income constraints
- Death of spouse or friends
- Their own chronic illness

Health Maintenance:
- Continue to seek guidance from their health care provider
- Assist with chronic disease management, with special attention to medication

Diet:
- Balanced diet with attention to food taste and texture.
- At risk for dehydration

CULTURAL AWARENESS AND APPRECIATION

Every person is a member of many cultures. Culture affects every aspect of our lives, including health beliefs. Those of us who work in health care need to be able to work and respect people of all cultures. To do this we must understand how our own cultures affect our actions, values, and attitudes and then learn as much as we can about the cultures we work with.

To become culturally skilled:
- Learn as much about your own cultural heritage and how you are affected.
- Be open, respect, and become comfortable with differences between yourself and others.
- Examine your beliefs and feelings about other cultures and determine how they affect your relations with others.
- Do not make judgments about others’ values, beliefs, and customs.
- Learn about other people.
- Remember that different does not mean inferior.
- Be helpful to people learning the English language.
- Find common grounds between yourself and others.
- Don’t tell ethnic/lifestyle jokes.

IDENTIFICATION, DOCUMENTATION OF SUSPECTED ABUSE OR NEGLECT OF CHILDREN, ADULTS, DISABLED ADULTS OR ELDERS AND SPOUSES/PARTNERS
• Any Medical Center employee that witnesses suspected abuse or neglect shall be responsible for reporting observations to immediate supervisor or charge nurse, who is responsible to report to the proper authorities.
• When there is any question as to the possibility that a patient may be abused or neglected, the staff will notify the appropriate police or investigating agency within 24 hours.
• If it is identified that the patient is in immediate danger the West Jordan Police Department is notified immediately.
• After the report has been made, the Department of Family Services, and the local police are responsible for investigating the case and protecting the affected patient.
• Any employee involved in reporting shall be immune from civic or criminal liability.

Situations where abuse should be considered:

• The housekeeper cleaning a room observes a parent yelling at a child and hitting the child at the same time. The nurse should be notified immediately.
• The patient sent by their physician for a lab test is noted to have several bruises on part of their body or a cigarette burn on their arm. The Phlebotomist showing concern asks the patient how they hurt themselves. The patient responds by appearing frightened and acts in a manner which does not make sense or matches the situation.
• While positioning the patient for a Chest X-Ray, the technician notices the patient is in pain and has bruises on their body, or the technician notices cigarette burns or unusual welts on their body.
• The patient may feel comfortable enough to tell you that they may have a problem. If this occurs, be supportive and let the patient know that you want to help. Obtain help from your supervisor, the patient’s physician, and/or the Department of Family Services.

ETHICS

You are responsible for reporting ethical problems and have the right to get help with ethical problems at work. The medical center has an Ethics Committee as a resource for employees, physicians, patients and families. The major functions of the Ethics Committee are:
• To provide resource for ethical dilemmas
• To assist with policy/procedures regarding ethical issues. These issues include DNAR, Organ Donation, Advance Directives and informed consent.
• To assist in the education of ethics of staff, physicians, patients and families.

To access the Ethics Committee notify the operator or administration.

SEXUAL HARASSMENT

Sexual Harassment is:

• Unwelcome words or actions of a sexual nature
• Behavior directed at a person because of his/her gender when job, raises, or promotions depend on the employee’s response.
• Behavior makes it more difficult to do a job
• A form of discrimination
Is illegal

Examples of Sexual Harassment:
- Dirty jokes
- Leering
- Sexually oriented remarks/gestures
- Sexually oriented posters/cartoons
- Unwelcome and/or offensive touching
- Name calling
- Requests for sexual favors

If Sexual Harassment happens:
- Tell the person that you are offended and to stop
- Write down the date/time and description of what happened.
- If they do not stop report the person to your supervisor
- If your supervisor is the harasser, go directly to HR manager
- Do not remain silent or quit your job. The harasser will think they can get away with it and continue to harass you and possibly others.

CUSTOMER SERVICE

Jordan Valley Medical Center, Pioneer Valley Hospital and Clinics exist to serve the community, providing the best health care services possible to our customers. Some of our customers are patients, families, Visitors, co-workers, physicians, other Medical Center staff, outside vendors, insurance companies, and even the federal and state governments.

We believe that a culture of quality service is the heart of our organization. We commit to treating every patient promptly and competently with courtesy, respect and compassion.

How employees act towards customers is the most powerful way to satisfy customers and to get them to return.

To provide excellent customer service remember “STAR”

- S – Service
  - Smile
  - Make customers feel special
  - Go the extra mile
  - Listen to the customer
  - Dress clean and neat
- T – Teamwork
  - Find someone else to help if you can’t
  - Make a good first impression
  - Help lost people
- A – Accountability
  - Don’t pass the buck
  - Take pride in your work
Jordan Valley Medical Center Mini-Orientation

- Strive for excellence
- Wear name badge

- R - Responsiveness
  - Act quickly
  - Be courteous
  - Be helpful
  - Anticipate customers’ needs

Our Customer Service Motto is "I will be aware to show that I care."

**ORGAN DONATION**

The option of organ, eye, and tissue donation is everyone’s right. This Medical Center strives to remain in compliance with local and federal regulations. In the event of a death it is our responsibility to make inquiry about organ, eye, or tissue donation. Only those individuals who have received formal training from Intermountain Organ Recovery System (IORS) may approach families about tissue and organ donation. If there are any questions please contact the Intermountain Organ Recovery System 1-800-833-6667 (1-800-83-DONOR).

**QUALITY IMPROVEMENT**

Quality improvement is a continuous process that is everyone’s responsibility. Quality improvement requires us to assess how well we are doing the job and serving our customers. Our customers are internal and external to the medical center.

When we assess our jobs and operations, we must look at data which tells us a lot of valuable information. Quality improvement is data driven and involves a cycle of actions we must take to make improvements. These actions, or **Quality Model**, involve the following steps:

- DEFINE
- MEASURE
- ANALYZE
- IMPROVE
- CONTROL

If you believe that there is a process to improve, please fill out the Performance Improvement requisition and forward to the Quality Department. Thank you.

**TOBACCO FREE CAMPUS/SMOKING POLICY**

**Philosophy:**
Jordan Valley Medical Center/Pioneer Valley Hospital’s administration and staff members recognize the health hazards caused by tobacco products. As a healthcare campus, JVMC/PVH is committed to the establishment and enforcement of a healthier, tobacco-free environment. The purpose of this JVMC/PVH operating policy and procedure is to establish a policy prohibiting tobacco use in or all JVMC/PVH Campuses and is applicable to anyone, including but not limited to employees, physicians, patient, vendors, contractors, visitors, and volunteers at JVMC/PVH.
Tobacco Use Definition:
Tobacco use is defined as the burning of any type of tobacco product, as well as the use of oral tobacco products.

OCCURRENCE REPORT

An “unusual occurrence” is an event, which does not routinely happen, in the normal course of Medical Center work. When an unusual occurrence takes place, a report is to be completed and submitted to the manager in a timely fashion. Only objective information should be included in the report. These forms are never to be copied or placed in the medical record.

Examples of unusual occurrences:
- Patient falls
- Code Blue
- Unexpected transfer of patient to ICU or return to the OR
- Medication Errors Adverse Drug Events
- Adverse Drug Reaction
- IV infiltration
- Patient leaving against medical advice (AMA)

CONFIDENTIALITY

Jordan Valley Medical Center and Pioneer Valley Hospital are small, close knit, family oriented facilities. And as evidenced in many families, confidentiality may be compromised. Please be aware of what you may say in public areas. DO NOT repeat to anyone what you may hear regarding patients.

Health Insurance Portability and Accountability Act (HIPAA)

As a covered entity, our hospital, along with other healthcare providers, healthcare clearing houses, and health plans must abide by the regulations set forth in the Health Insurance Portability and Accountability Act of 1996.

Specifically, the Privacy Standards took effect April 14, 2003 and allow patients greater liberties with their protected health information or “PHI” and require specific assurances from covered entities in how they use a patient’s PHI. What this means to us as a provider is that any individually identifiable health information in any format is protected.

Because we are concerned about the delivery of quality healthcare and because the government does not want to infringe upon timely delivery of services as well as payment for services rendered, covered entities do not need to obtain an additional consent from the patient for the purposes of treatment, payment and healthcare operations. However, because we are committed to providing confidentiality to the patients and families we serve, we are held to the standard that we must use reasonable efforts to limit the amount of “PHI” that we use, disclose or repeat to the minimum amount necessary to accomplish our task or purpose.

At the time of registration, every patient will receive Jordan Valley Hospital’s Notice of Privacy Practice. This notice is required to be received by the patient one time and will remain in effect indefinitely, unless changes are made to the notice. Our hospital is also required to obtain a signature from the patient acknowledging receipt of the notice. If a patient is unable to sign, a family member or personal representative can sign for them. In the event that we are not able to obtain a signature based on the
patient’s condition or no family member or personal representative present, the facility may document on the acknowledgment form that the patient was unable to sign. This acknowledgement form must be present in the patient’s medical record for us to be complaint with this piece of the regulation.

At the time a patient is admitted to our hospital, they can determine if they would like to be listed in the hospital directory. If they choose not to be listed, a greater than symbol “>” is indicated in front of their name on the hospital census, computer, or information board in the clinical areas. This symbol notifies staff that we cannot give out any information regarding this patient to anyone who inquires, including family members or friends. Additionally on the face sheet in the bottom left hand corner, the question “OPT OUT” is listed. If the patient lists “YES” this is our indication that no information should be given out regarding the patient.

It is important to know that everyone is responsible for HIPAA and ensuring confidentiality. Penalties ranging from fines to imprisonment can be assessed to all employees for violation of the regulation. Please make sure to contact the Privacy & Compliance Officer if you have any questions regarding HIPAA.
Student Information Sheet

Please Print

Name:__________________________
School:_________________________
Department(s) where clinical time is to be completed:__________________________
Dates or Time period you expect to be in the hospital:__________________________
# of Clinical hours to be completed in the hospital:_____________________________
If working with a preceptor, name of assigned preceptor:_______________________
Home phone:_____________________
Cell phone:_______________________
Email address:___________________
Student Accucheck Statement

As I student nurse, I agree that I will not perform any Accuchecks.

I will never ask a staff member to access the Accucheck meter on my behalf so I can perform an Accucheck.

I recognize that doing any of the above will jeopardize my status as student at either facility.

Name:_____________________________________
School:____________________________________
Date:______________________________________
Signature:___________________________________

IASIS Healthcare
CONFIDENTIALITY STATEMENT

Information concerning patients, fellow employees, and other IASIS facility hospital business of a confidential nature must not be discussed with persons not concerned with such information.

I understand and agree that in the performance of my duties as an employee, volunteer, or student of IASIS Healthcare, I must hold patient, employee, or employer business in confidence. Further, I understand that intentional or involuntary violation of such confidentiality could result in possible civil action, or employer disciplinary action up to and including termination of my employment or services.

Date _______________ Print Name __________________ Signature __________________________
HEALTH INFORMATION CONFIDENTIALITY AGREEMENT

This Health Information Confidentiality Agreement (“Agreement”) applies to all members of IASIS’s workforce including staff, employees, volunteers, independent contractors, trainees and others who, in the performance of work for IASIS, are under IASIS’s direct control and who have access to protected health information (“PHI”) maintained, received, or created by IASIS and/or its facility(ies).

Please read all sections of this Agreement, in addition to IASIS’s privacy and security policies and procedures, before signing below.

IASIS and its facilities have a legal and ethical responsibility to safeguard the privacy of all IASIS facilities’ patients and to protect the confidentiality of their health information. In the course of your employment, whether or not you are directly involved in providing patient services, you may hear information that relates to a patient’s health, read or see computer or paper files containing PHI and/or create documents containing PHI. Because you may have contact with PHI, IASIS requests that you agree to the following as a condition of your employment:

1. **Confidential PHI.**
   I understand that all health information which may in any way identify a patient or relate to a patient’s health must be maintained confidentially. I will regard confidentiality as a central obligation of patient care.

2. **Prohibited Use and Disclosure.**
   I agree that, except as required under my job responsibilities or as directed by IASIS and/or its facility(ies), I will not at any time during or after my work for IASIS and/or its facility(ies) speak about or share any PHI with any person or permit any person to examine or make copies of any PHI maintained by IASIS and/or its facility(ies). I understand and agree that personnel who have access to health records must preserve the confidentiality and integrity of such records, and no one is permitted access to the health record of any patient without a necessary, legitimate, work-related reason. I shall not, nor shall I permit any person to, inappropriately examine or photocopy a patient record or remove a patient record from any IASIS facility.

3. **Safeguards.**
   When PHI must be discussed with other healthcare practitioners in the course of my work for IASIS and/or its facility(ies), I shall make reasonable efforts to avoid such conversations from being overheard by others who are not involved in the patient’s care.

I understand that when PHI is within my control, I must use all reasonable means to prevent it from being disclosed to others, except as otherwise permitted by this Agreement. I will not at any time reveal to anyone my confidential access codes to IASIS’s and/or its facility(ies)’ information systems, and I will take all reasonable measures to prevent the disclosure of my access codes to anyone. I also understand that IASIS and/or its facility(ies) may, at any time, monitor and audit my use of the electronic/automated patient record and information systems.

Protecting the confidentiality of PHI means protecting it from unauthorized use or disclosure in any form: oral, fax, written, or electronic. If I keep patient notes on a handheld or laptop computer or other electronic device, I will ensure that my supervisor...
knows of and has approved such use. Should I need to send patient identifiable health information in an email, or email attachment, I agree that it will be sent in compliance with IASIS policies and procedures.

4. **Training and Policies and Procedures.**
   I certify that I have read IASIS’s policies and procedures, completed the training courses offered by IASIS, and shall abide by IASIS’s policies and procedures governing the protection of PHI.

5. **Return or Destruction of Health Information.**
   If, as part of my job responsibilities, I must take PHI off the premises of any IASIS facility, I shall ensure that I have IASIS’ and/or its facility(ies)’ permission to do so, I shall protect the PHI from disclosure to others, and I shall ensure that all of the PHI, in any form, is returned to IASIS and/or its facility(ies) or destroyed in a manner that renders it unreadable and unusable by anyone else.

6. **Termination.**
   At the end of my employment with IASIS and/or its facility(ies), or when my assignment for IASIS and/or its facility(ies) is otherwise terminated, I will make sure that I take no PHI with me, and that all PHI in any form is returned to IASIS and/or its facility(ies) or destroyed in a manner that renders it unreadable and unusable by anyone else. Discharge or termination, whether voluntary or not, shall not affect my ongoing obligation to safeguard the confidentiality of PHI and to return or destroy any such PHI in my possession.

7. **Sanctions.**
   I understand that my unauthorized access or disclosure of PHI may violate state or federal law and cause irreparable injury to IASIS and its facility(ies) and harm to the patient who is the subject of the PHI and may result in disciplinary and/or legal action being taken against me, including termination of my employment.

8. **Reporting of Non-Permitted Use.**
   I agree to immediately report to IASIS and/or its facility(ies) any unauthorized use or disclosure of PHI by any person. The person to whom I report unauthorized uses and disclosures at an IASIS facility is the Facility Privacy Officer for that facility. The person to whom I report unauthorized uses and disclosures at the IASIS corporate office is the Corporate Privacy Officer, IASIS Healthcare Corporation, 117 Seaboard Lane, Building E, Franklin, TN 37067, 615-844-2747.

9. **Disclosure to Third Parties.**
   I understand that I am not authorized to share or disclose any PHI with or to anyone who is not part of IASIS’s workforce, unless otherwise permitted by this Agreement.

10. **Agents of the Department of Health and Human Services.**
    I agree to cooperate with any investigation by the Secretary of the U.S. Department of Health and Human Services (“HHS”), or any agent or employee of HHS or other oversight agency, for the purpose of determining whether IASIS and/or its facility(ies) are in compliance with federal or state privacy laws.

11. **Disclosures Required by Law.**
I understand that nothing in this Agreement prevents me from using or disclosing PHI if I am required by law to use or disclose PHI.

By my signature below, I agree to abide by all the terms and conditions of this Agreement.

Signature of Student: ________________________________

Printed Name: ______________________________________

Title/Position: ______________________________________

Date: _____________________________________________

Address: __________________________________________

Phone: _____________________________________________

Statement of Responsibility:

For and in consideration of the benefit provided the undersigned in the form of experience in the evaluation and treatment of patients of Jordan Valley Medical Center and/or Jordan Valley Medical Center, West Valley Campus, the undersigned and his/her heirs, successors, and/or assigns do hereby covenant and agree to assume all risks of and be solely responsible for, any injury or loss sustained by the undersigned while participating in the Program operated by _____________ (“School) at Hospital unless such injury or loss arises solely out of the Hospital’s gross negligence or willful misconduct.

Dated this ______ day of ____________________________

Program Participant: (Printed name) ______________________

Signature: __________________________________________

WITNESS__________________________________________
PATIENT RIGHTS

To receive considerate and respectful care
To be well-informed about your illness, possible treatments, likely outcomes and to discuss this information with your physician and other healthcare providers
To know the names and roles of the people treating you
To be informed about the outcomes of care including unanticipated outcomes
To consent to or refuse a treatment as permitted by law
To have an Advance Directive such as a Living Will or Special Power of Attorney
To privacy during your stay in the hospital
To expect that treatment records are private unless you have given permission to release information
To expect that this facility will provide you with necessary health care services to the best of its ability.
To review your medical records and to have the information explained, except when restricted by law.

To have care in a safe setting and access protective services while you are hospitalized and to be free from all forms of abuse or harassment.
You have the right to know if this facility has relationships with outside parties that may influence your treatment and care.
To consent or decline to take part in research affecting your care
To be told of realistic care alternatives when hospital care is no longer appropriate.
To know about policies that affect you and your treatment and about charges and payment methods
To discuss ethical issues with this facility’s Ethics Committee
To an accurate hospital bill and to timely settlement of conflicts associated with your hospital bill
To voice your concerns regarding any part of the care you receive at this facility.
To be informed about pain and pain relief options.
To be cared for by staff concerned about and committed to pain prevention and management, who respond quickly and efficiently to your requests, and who believe your reports of pain.
To be free from mental and physical abuse, and to be free from chemical and physical restraints except as authorized in writing by a licensed practitioner for a specified and limited period of time or when necessary to protect you from injuring yourself or others.
PATIENT RESPONSIBILITIES

For providing information about your health, including past illnesses, hospital stays, and use of medications, drugs and alcohol.

For reporting perceived risks in your care and unexpected changes in your condition.

For asking questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment, you are responsible for telling your physician. You are responsible for the outcomes if you do not follow the care, service or treatment plans.

For understanding the end result of failing to follow the recommended course of treatment, or of using other treatments. (you and your family)

For being considerate of the needs of other patients and employees of the hospital by helping to promote a safe environment (you and your visitors)

For respecting the property of others and also the property of the hospital (you and your visitors)

For providing information for insurance purposes and for working with the hospital to arrange payment, when needed.

For recognizing the effect of lifestyle on your personal health.

Your health depends not just on your hospital care, but in the long-term, on the decisions you make in your daily life.

To ask your doctor or care provider what to expect regarding pain, pain management, and available pain relief options.

To provide a copy of your Advance Directive (if you have one) to the hospital so that the care provided can be consistent with your wishes.

Jordan Valley Medical Center
3580 West 9000 South
West Jordan, Utah 84088

JVMC West Valley Campus
3460 S Pioneer Parkway
West Valley City, UT 84120

I have read and understand Jordan Valley Medical Center & Pioneer Valley Hospital's Statement of Patient Rights and Responsibilities

EMPLOYEE SIGNATURE

DATE
Required Disclosure Regarding “Ineligible Persons”

OIG develops and distributes resources to assist the health care industry in its efforts to comply with the Nation’s fraud and abuse laws and to educate the public about fraudulent schemes so they can protect themselves and report suspicious activities.

OIG’s List of Excluded Individuals/Entities provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all other Federal health care programs. Individuals and entities who have been reinstated are removed from the OIG’s list.

OIG has the authority to exclude individuals and entities from federally funded health care programs pursuant to sections 1128 and 1156 of the Social Security Act and maintains a list of all currently excluded individuals “Ineligible Persons” and entities called the List of Excluded Individuals and Entities (LEIE). Anyone who hires an individual (Ineligible Person) or entity may be subject to civil monetary penalties (CMP). To avoid CMP liability, health care entities need to routinely check OIG reports to ensure that new hires and current employees are not on the excluded list.

Jordan Valley Medical Center, JV West Valley Campus and Mountain Point Medical Center requires a sanction check to be performed on all potential employees, current employees, contract labor, temporary labor, volunteers, and students in an effort to ensure that excluded, or “ineligible persons” are not allowed to perform any service, volunteer or otherwise, in the hospital at any time. Such requirement demonstrates Jordan Valley Medical Center, JV West Valley Campus and Mountain Point Medical Centers strong commitment to support the OIG in their efforts to protect the integrity of the health care industry.

The information gathered on each individual is kept private and confidential at all times and is protected by the same provisions which define the treatment and protection of all Jordan Valley Medical Center, JV West Valley Campus and Mountain Point Medical Center personnel records. Your private and sensitive personal information will not be shared with anyone at anytime for any purpose. Once the sanction check is performed and cleared, this form will be placed in your confidential file.

In order to verify your exclusion status, Jordan Valley Medical Center, JV West Valley Campus and Mountain Point Medical Center will need you to provide the following information. (Note: Your Social Security Number will only be required if your full legal name matches one or more names in the OIG’s database. In the event your name needs to be cleared from a list of excluded names, Human Resources must verify and clear your ineligibility status by searching your name in the OIG’s database with your social security number).

Print Full Legal Name: ___________________________________________________

Date of Birth: _________________________________________________________

“I, __________________________ hereby certify that I am not currently excluded, debarred or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or non-procurement programs; nor have I been convicted of a criminal offense related to the provision of health care items or services.”

_______________________/__________
Signature Date
ORIENTATION

NAME: _________________________________________ DATE: __________________

SCHOOL AFFLIATION (students only) _____________________________

1. While plugging in an electrical device you notice that the insulation on the cord is coming apart. What should you do first?
   a) Turn electrical device on.
   b) Complete appropriate work order.
   c) Return device to manufacturer.
   d) Remove the device from the area and report it immediately to the supervisor or engineering department.

2. T F Patients who have had x-rays or CT scans are radioactive.

3. MSDS refers to M_________ S_________ D_________ S _________

4. T F MSDS information can be accessed by calling the phone number listed on the stickers found on each phone through out the hospital.

5. Each letter of the one word title for the Jordan Valley Medical Center’s fire plan is:
   R_______ A________ C_________ E________

6. List the Codes for each of the following:
   Fire _______________ Bomb _______________ Medical Emergency _____________
   Disaster _______________ Additional Manpower _______________
   Infant Abduction ___________ Severe Weather _________________
   Hostage Situation ___________ Missing Child _________________
   Stroke Patient _______________ Active Shooter ________________

7. What numbers are dialed to reach the Hospital Operator in an Emergency? ________.

8. List five types of infectious waste: _____________________________
   _______________ _______________ _______________ _______________

9. T F The easiest way to transmit a disease is by not washing your hand.

10. Personal Protective Equipment includes the following three items:
     ____________________________
11. Standard Precautions require that blood and other body fluids be considered potentially infectious:
   a) For all patients—including undiagnosed.
   b) For just patients diagnosed as HIV positive
   c) For those patients known to have used IV drugs.
   d) For patients with diagnosed HIV and Hepatitis B positive.

12. List the 3 categories of Transmission Based Precautions:

13. T  F  Hepatitis B Vaccine must be started or a waiver signed for all students and employees who have any risk of exposure to Hepatitis B.

14. T  F  Following any blood exposure, a report must be filed with the Employee Health nurse immediately and a written report must be filed within 24 hours.

15. Infectious TB of the lungs is spread:
   a) Through the air when the infected person coughs and sneezes
   b) By touching bed linens, doorknobs, etc.
   c) By coming in contact with TB infected blood

16. Preventing the spread of disease to patients, employees, and visitors is the responsibility of:

17. To reduce stress on your back:
   a) Plan your movements ahead of time.
   b) Don’t use a support in the lumbar area when sitting.
   c) Sit in the same position all day.
   d) Don’t ask for help with lifting.

18. Should an infant be abducted, which of the following statements apply:
   a) Nursing personnel shall search the unit and obtain a head count of all infants.
   b) Suspicious individuals should be followed if they refuse to be searched
   c) All exits shall be sealed
   d) All of the above

19. Every person is a member of many cultures. To become culturally skilled which of the following statements are TRUE?
   a) Learn as much about your own cultural heritage and how you are affected.
   b) Be open, respect, and become comfortable with differences between yourself and others.
   c) Do not make judgments about others’ values, beliefs, and customs.
   d) All of the above
20. T  F  The infant (birth to 1 year) has a faster metabolism so pain medications work more quickly.

21. Which of the following describes conditions of the elderly:
   a) Sensitivity to heat and cold
   b) Short term memory loss
   c) Decrease in hearing and vision
   d) All of the above

22. To avoid ergonomic problems, your wrists should remain in a ____________ position.

23. List 3 examples of sexual harassment:
   1. ___________________________________________________
   2. ___________________________________________________
   3. ___________________________________________________

24. T  F  It’s okay to discuss patient information with your friends and neighbors.

25. To provide excellent customer service, you should:
   a) Help lost people
   b) Make a good first impression
   c) Be courteous
   d) All of the above


27. What is our Customer Service Motto? “_________________________________

28. If you suspect or witness abuse or neglect, you should report your observations to ____________________________

29. Who is responsible for Quality? ____________________________

30. How do you access the Ethics Committee? ____________________________

31. List an example of an unusual occurrence: ____________________________

32. What age group would benefit most from help with stress management?
   a) The elderly
   b) Pre-school
   c) Adult
   d) Adolescent

33. Who does the Tobacco Free Campus/Smoking Policy apply to?_______________
34. T  F  Tobacco use is defined as the burning of any type of tobacco product, as well as the use of oral tobacco products?

35. HIPAA stands for: H__________  I______________  P______________ and A__________  A__________.

36. T  F  Working in the hospital gives you free access to any of the patient records whether you’re involved directly with their care or not.

37. T  F  HIPAA rules should enable a patient the right to examine their own health records.

38. “PHI” stands for P______________  H______________  I______________.

39. T  F  Violation of the HIPAA Privacy Rule may result in civil and/or criminal penalties.

40. What is ISO:9001?
   a) A worldwide federation of national standards
   b) A Quality Management System
   c) A Performance Evaluation Program
   d) Both a & b
   e) None of the above

41. ISO has it’s foundation in the P______________,  D______________,
   C______________,  A______________ cycle of continuous improvement.

42. You are walking in the hall of the ICU. A visitor walking by points to a patient in one of the rooms and says, “What’s wrong with her? What do you say?
   a) She has pneumonia.
   b) She is having trouble with her breathing.
   c) I don’t know, but she’s very sick.
   d) I ‘m sorry, I can’t share that information.

43. Your next-door neighbor comes to the hospital in labor. When you go home that evening, all your neighbors want to know how the labor went. Did she have the baby? Did she have an epidural? How big was the baby? What do you tell them?
   a) Everything you know about the situation.
   b) Only the details on the baby.
   c) You advise them to call her or her family to find out.

44. A staff member making a copy of patient medical records discards a jammed copy in the trash. You find it as you’re glancing at the garbage. What do you do?
   a) Pull out the information and read it.
   b) Put the information on the counter in the nurse’s station.
   c) Put the information in the document shredder.

45. There is a code blue in your area. You are disturbed by seeing the patient go down and how the staff responded. You should:
   a) Talk to one of your fellow-students about it when you see them in the elevator.
b) Wait and talk about it over lunch in the cafeteria.

c) Talk about it with your best friend when you get home from work.

d) Talk to your instructor in a private setting.