SCOTLAND
HEALTH CARE SYSTEM

Closer Care. Better by Far.

Completion of this orientation self-study packet satisfies requirements and objectives for Scotland Health Care System Orientation.

Objectives for Orientation

After reviewing the following information, learners will be able to:

- Describe Scotland Health Care System's Mission, Vision, and Values.
- Discuss safety and performance expectations.
- Identify infection control and safety principles related to the environment of care.

This self-study packet must be completed before assuming any duties at SHCS.

If you have any questions about this self-study, contact Scotland Health Care System Organizational Development Department, at 910-291-7142.

Orientation Self-study Instructions

a) **Review** the N.E.W. Orientation Packet.

b) **Complete** the following forms:
    a. N.E.W. Packet Answer Sheet
    b. Participant Evaluation Form – page

c) **Sign** the following Statements or Forms:
    a. <u>Non- Employed Workers and Students</u> – Signature is required on the disclosure statement located on the Self-Study Questionnaire answer sheet. If under 18 y/o a Parent or guardian signature is required on the disclosure statement
    b. <u>Job Shadow/Observers</u> – Parent or guardian Signature is required on the Consent for Minor to Participate in Shadow Activities – page

d) Completed Packets to be returned to the appropriate department contact per table below:

Non-Employed or Contract Worker	Student with an affiliated clinical program
Human Resources Dept Attn: Shellene Short Shellene.short@scotlandhealth.org Ph: 910.291.7560 Fax: 910.291.7011	Faculty of affiliated program or Unless directed to return directly to – Organizational Development Dept Attn: Jennifer Maynor Jennifer.Maynor@scotlandhealth.org Ph: 910.291.7142 Fax: 910.291.7948
Job Shadowing or Observation Student	Student with a Medical/ACP affiliated program
Organizational Development Dept Attn: Jennifer Maynor Jennifer.Maynor@scotlandhealth.org Ph: 910.291.7142 Fax: 910.291.7948	Faculty of affiliated program or Unless directed to return directly to – Medical Staff Services Dept. Attn: Tori Nicolosi Tori.Nicolosi@scotlandhealth.org
Mailing address: 500 Lauchwood Drive, Laurinburg, NC 28352	

e) All students will be notified by faculty or the Organizational Development department of clearance and approval for participation in clinical and job shadowing activities.
No onsite activities may begin until clearance has been received.

f) Upon clearance for onsite activities the Organizational Development department will notify the clinical manager and/or assigned preceptor of approval.   Specific activity scheduling and department orientation needs will be managed by each individual clinical leader.

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MISSION, BELIEFS, VISION, AND VALUES STATEMENT

Mission:
The Mission of Scotland Health Care System is to work with our health care partners to create and operate a patient centered, integrated system to provide *Safe, High Quality, Compassionate, and Sustainable* health care to the people we serve.

Our Beliefs About the Future:
- To successfully accomplish our Mission and Vision our transformation must include creative and innovative changes in what we do and how we do it.
- We must change from a hospital and provider-centric model to a patient-centered, ambulatory model.
- There will be a continued focus on moving the industry to an increasingly ambulatory based delivery model focused on the health of the individual patient and the overall health of the population we serve.
- New payment models will incent us to better coordinate our patient's care along the continuum of services. This includes both how our patients are treated and how their treatment information flows.
- New partners, arrangements, and competitors will emerge for us as a result of the new treatment and payment models. We will be strategically advantaged by coordinating access to a comprehensive continuum of care.
- Patients and their families will behave more like Consumers, expecting more Value, Convenience, and Access, in addition to caring and compassionate Service.
- Limited opportunities to pursue Smart Growth will necessitate us focusing our strategic efforts and resource allocation decisions.

Vision:
Scotland Health Care System will be recognized and chosen by patients and their families throughout our region for the quality and value of services we provide. This value will be demonstrated through the highest level of Quality and Service, along with the Safest environment. We will lead efforts to improve the health and well-being of the citizens in our region.

Values:
- We accept and are proud of our role as the safety net provider of essential services for our region.
- As a community-owned health care system, we believe in transparency and accountability to our community for the decisions we make. These decisions will be made collaboratively and with the utmost integrity.
- Our associates, physicians, other providers, and volunteers are our most important assets. We treat each other, along with our patients and families, with care, compassion, dignity and respect at all times.
- We carry out all these principles in a financially prudent and sustainable manner to ensure we stay focused on our Mission.

Approved by the Scotland Health Care System Board of Trustees May 22, 2015

The Scotland Way

The Scotland Way defines the Culture of Scotland Health. It is the ideal we aspire to and the way we currently act. We strive to be Better: *Better* than yesterday, *Better* than our peers, *Better* than expected, so that our patients can get *Better*.

Safe	We commit to Zero harm. We work collaboratively as a Team to create a climate of trust and safety where each team member is respected for their role. We communicate candidly, transparently, consistently, and professionally. • We speak up for patient and teammate safety by stopping the line. • We follow standard work because it keeps our patients and teammates safe. • We use LEAN thinking to find innovative and adaptive solutions.
High Quality	We strive for the top decile in the nation for healthcare quality. We believe standardization of care will drive value. We are accountable for our actions and performance. We recognize and celebrate excellence. • We put patients first. • We commit to best practices as the standard of care. • We openly admit our mistakes to learn from them.
Compassionate	We are friendly and caring. We treat patients, visitors, and each other with dignity and respect. • We treat our patients, visitors, and staff as our own family. • We recognize and appreciate the diverse backgrounds of our patients and staff. • We put patients and their experience before our personal convenience.
Sustainable	We are good stewards of what has been entrusted to us. We invest in and are accountable to our community. We demonstrate integrity in the way we do our work and conduct ourselves. • We follow the rules and ethical standards which govern the work we do. • We spend Scotland Health's money as if it was our own. • We communicate transparently to our community about the decisions we make.

Accreditation Through The Joint Commission (TJC)

<u>The Importance of Accreditation</u>
- Important public statement of accountability
- Required by most third-party payers
- Required by Medicare/Medicaid
- Managed Care
- Employers
- Other Third-Party Payers
- Aids in recruitment of high-quality staff and physicians
- Bond ratings and financial options enhanced
- Fulfills state licensure requirements

<u>Your Role in the Scotland Health Care System</u>
- Know and abide by the organization's policies and procedures
- Comply with Federal Laws and Regulations
- Be able to talk about your role in the organization
- Participate in improvement efforts
- Perform appropriately during emergencies
- Prompt reporting of:
  - Equipment failures
  - Errors
  - Non-properly functioning equipment
  - Spills

Diversity and Inclusion

Patients and employees may also have different needs due to age, gender, and ability. Addressing all of these sources of diversity can help create a culture of inclusion and improve health outcomes for people of all backgrounds.

Diversity is seen in health care every day as a result of:
- Age
- Ethnicity
- Gender
- Physical abilities
- Race
- Religion
- Sexual orientation
- Socioeconomic status
- Other factors, such as personal preferences for foods, friends, or occupations

Every health care facility should seek to create a setting that:

- Recognizes diversity among patients and employees
- Enables employees to provide care to patients from diverse backgrounds
- Helps eliminate health care disparities among different patient groups

Cultural competence addresses such issues as:

- Generalizing versus stereotyping
- Ethnic sensitivity
- Cultural sensitivity
- Gender sensitivity
- Generational sensitivity

A culturally competent employee is sensitive to diversity issues when working with patients and other employees.

The cultural background of patients can affect their expectations and outcomes, due to:

- Adherence to health care plans
- Family dynamics regarding health care decisions
- Language and communication
- Past experience with health care providers

Key diversity issues revolve around language and communication. In situations where there are language differences or other communication barriers, take the following steps (as appropriate):

- Identify the primary language of the patient.
- Obtain an interpreter who is trained in the patient's preferred language.
- If a patient is hearing impaired, obtain an interpreter who can use sign language.
- When communicating through an interpreter, address the patient in a respectful manner by looking at the patient and calling him or her by name.

Each patient will have unique needs. You will need to identify these needs and communicate them to others.

When communicating with others, use the LEARN approach to provide them the opportunity to be part of the planning process and to have their needs respected and met:

- **L**isten with empathy and understanding to the patient's perception of his or her needs.
- **E**xplain your perceptions of the situation and your strategy for care.
- **A**cknowledge and discuss the differences and similarities between the patient's perception and the recommended strategy.
- **R**ecommend care while remembering the patient's cultural background.
- **N**egotiate agreement—seek to understand the patient's explanation so that the care provided fits his or her framework.

Safety Culture
What is a Culture of Safety?

A safety culture is viewed as an organization's shared perceptions, beliefs, values, and attitudes that combine to create a commitment to safety and an effort to minimize harm. (Weaver et al.).

An organizational culture that prioritizes safety throughout the system for both patients and staff, supports blame-free reporting of safety events, and ensures that healthcare IT solutions functions, and accessibility align with safety goals.

Everyone has a role in the Culture of Safety.

Safety Definitions:

HROs: organizations that have high-risk operations involving multiple people and multiple decisions that perform at an exceptionally high level.

Learning Organization: is an organization which people learn continuously, thereby enhancing their capabilities to create and innovate.

Just Culture: a structured approach in reviewing safety events that safeguard against naming, shaming, and blaming people if something goes wrong with care delivery. People are also clear about where the line must be drawn between acceptable and unacceptable behavior.

Patient Safety Program: is a comprehensive plan designed to improve patient safety, reduce the risk to our patients and decrease medical errors.

Patient Safety: the prevention of errors and harm to patients that are associated with health care.

Quality: Health care quality is the degree to which its processes and results meet or exceed the needs and desires of the people it serves. (which includes safety)

Patient Safety Event: An event, incident, or condition that could have resulted or did result in harm to a patient.

Adverse Event: A patient safety event that resulted in harm to a patient.

Sentinel Event: A category of adverse events, that is not related to the natural course of the patient's illness or underlying condition that reaches a patient and results in death, permanent harm or severe temporary harm.

Near Miss: "no harm" or "good catch": A patient safety event that did not cause harm to a patient.

Hazardous (or unsafe) Conditions: A circumstance that increases the probability of an adverse event

High Reliability Organizations

In healthcare, High Reliability Organizations (HROs) commit to a culture of safety that observes four key features:

1. Acknowledges the high-risk nature of the organization's activities and commits to consistently safe operations.
2. Supports a blame-free environment, in which individuals can report errors or risks for harm without fear of repercussions.
3. Encourages systemwide collaboration to resolve patient safety problems.
4. Dedicates organizational resources to address safety concerns.

A High Reliability Organization (HRO) is made up of three different areas:

1. Leadership committed to the goal of Zero Harm.
2. An organizational safety culture where all staff can speak up about things that would negatively impact the organization.
3. An empowered work force that employs process improvement tools to address the improvement opportunities they find and drive significant and lasting change

Stop the Line – Chain of Command

Defined by regulatory agencies as: an authoritative structure established to resolve administrative, clinical, or other patient safety issues by allowing healthcare clinicians to present an issue of concern through the lines of authority until a resolution is reached.

Scotland Health Care System is committed to providing a safe environment, conducting business in an ethical manner, and ensuring all personnel understand their responsibility and authority to intervene to ensure a safe and ethical workplace by using a "Stop the Line" process to clearly express concerns and when asked to do so by others, to stop and respond.

- Data indicates some health care team members do not feel comfortable speaking up, particularly to those believed to have greater authority than themselves.
- Individuals sometimes fail to speak up, even when they think a preventable error is about to occur.
- Preventing medical errors is important to protect and improve patient safety

Who Can Stop the Line?

All personnel are expected to use the process to stop or avoid any practice or behavior that has the potential to be harmful or to place the organization at risk.

- All personnel, whether in a clinical or business environment, have responsibility and authority to immediately intervene to provide a safe and ethical workplace, including protecting patients from potential harm related to any safety events.
- Leadership, including medical staff, will invite and encourage input and will support anyone who speaks up to stop the line.
- Retaliation for stopping the line will not be permitted.

Event Reporting

It's important to report events:

- Identify trends
- Identify broken process
- Identify educational needs
- Promote safety

- Promotes early intervention and mitigation
- Helps to prepare for possible litigation
- IMPROVES PATIENT CARE
- Decrease a stressful environment

An Incident Report Form should be completed to report any events:

- Fill it out legibly
- Be brief, factual, and objective
- Don't be judgmental or opinionated

REMEMBER!
The Incident Report Form…

- Is confidential
- Is NOT part of the medical record and should not be referenced in the medical record
- Is never copied or printed
- Is not placed in an employee's personal record

Be sure to appropriately report adverse reactions.

If something happens to a visitor, notify Risk Management/Customer Relations and complete the appropriate Incident Report Form.

Continuous Process Improvement

Scotland Health Care System is building a culture of safety and improving performance using a proven process improvement methodology, Lean, to help us meet our mission and vision in a drastically and rapidly changing healthcare environment.

Lean is about having the right resources in place to do the right work for the customer (patient), with the right quality, at the right time.

How You Can Help challenge us to continuously improve our processes and get better outcomes?

- Always focus on the customer and patient's needs
- Stop the Line
- Gemba: Go and See
- Be a problem solver
- Transparency- Make problems visible

- Use data to define problems
- Remove wasteful activity
- Follow Standard Work
- Respect Every Individual
- Practice The Scotland Way Behaviors
- Be Accountable

2022 Hospital National Patient Safety Goals

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

Identify patients correctly

NPSG.01.01.01 — Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Improve staff communication

NPSG.02.03.01 — Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01 — Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01 — Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01 — Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01 — Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01 — Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Identify patient safety risks

NPSG.15.01.01 — Reduce the risk for suicide.

Prevent mistakes in surgery

UP.01.01.01 — Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01 — Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01 — Pause before the surgery to make sure that a mistake is not being made.

The Joint Commission

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

Corporate Compliance and Privacy

Corporate Compliance

CORPORATE COMPLIANCE INVOLVES:

- Helping employees apply laws and regulations to our workplace
- A way to prevent, detect, and keeping us on the "right track"
- Disciplinary action for failure to follow requirements

YOUR ROLE

- Take responsibility for what you do
- Follow policy and procedure
- Ask questions
- Report problems
- Follow the Code of Ethics

REPORTING CONCERNS

- Contact your supervisor or
- Contact the compliance official at **910-291-7930** or
- Call the anonymous, confidential 24-hour
    Corporate Compliance and Privacy Hotline at **910-291-7087.**

These phone lines help you to:
- Forward concerns for review so appropriate action can be taken
- Report issues such as employee relations, patient rights, discrimination, conflicts of interest, theft and fraud, compromised professional standards of practice, billing and/or coding problems

CORPORATE COMPLIANCE POLICY:
Located in the Administrative Policy section in PolicyStat

Confidentiality

INFORMATION CONFIDENTIALITY
You may have contact with confidential (private) information about Scotland Health Care system patients, employees, doctors or visitors.

Examples of confidential information include:
- Details about illnesses or conditions
- Conversations between a patient and health-care provider
- Patient demographics – name, address, phone number
- Patient insurance and financial information

PROTECTING CONFIDENTIALITY
Here are some guidelines to keep information secure and confidential:
- Don't talk about patients in public
- Don't discuss patients unless you are involved in their care or treatment
- Be careful not to put confidential information in the trash
- Use a cover sheet when faxing confidential information
- Don't leave files with confidential information in open view

Remember: If you think that certain information might be confidential, treat it as such.

ACCESS TO AND REQUESTS FOR CONFIDENTIAL INFORMATION
Access to confidential information (medical records, on-line laboratory results, x-rays or other imaging procedures, financial information, addresses, phone numbers, etc.) is limited to employees who need the information **in order to perform their job duties.**

COMPUTER USE
- Never let others use your computer log-on or password
- Never write down or post your password
- Never look up your own medical records or the medical records of friends or relatives
- Never display confidential information on a computer screen in public view
- Never leave your computer unattended when logged into patient information

CONFIDENTIALITY VIOLATIONS
- Failure to follow Scotland Health Care System's privacy or security policies and procedures can lead to disciplinary action, including termination
- Anyone who witnesses a breach of confidentiality should report the incident to the Scotland Health Care System Privacy Officer at x7930 or anonymously at x7087.

WHAT IS HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT)?
HIPAA is a federal law enacted to protect patient health information in all forms which includes written, verbal (what is spoken and heard), and electronic.

WHY WAS HIPAA CREATED?
- To protect the privacy and security of all health care information
- To provide our patients with a series of rights for their health information

WHAT HAPPENS IF PRIVACY RIGHTS ARE POTENTIALLY VIOLATED?
Patients have the right to complain if they feel their privacy rights have been violated
- All privacy complaints should be reported to the Scotland Health Care System Privacy Official
- The Privacy Official has been designated to respond to privacy complaints
- If you have questions about HIPAA, call the Privacy Official (910-291-7930) or IT Security Official (910-291-7525), or call the 24/7 confidential Compliance/Privacy Hotline at 910-291-7087.

Taking Data Offsite

You should never take patient information offsite without proper permission from the Privacy Offier or unless your job specifically requires you to do so. If you must take patient information offsite, be sure to safeguard with the proper security measures. When using a laptop or PDA offsite that contains patient information, remember the following:

- Never store patient information on a device that is not password protected.
- Never store your passwords or access codes to patient data on your PDA
- Consider how the data you store on your device will be backed up in the event of a catastrophic failure. Will patient information be lost?
- Ensure your virus software is up-to-date and working normally.

Getting Help

Topic:	Contact Information:
Questions:	
• Questions about HIPAA?	Ask your supervisor/manager
Contacting Privacy or Security:	
• Privacy Questions?	Contact SHCS Privacy Officer at 291-7930 Complete Compliance Concern Incident Form (Intranet)
• Information Systems Security Questions?	Contact SHCS IAS Security Officer at 291-7525
Policy:	
• To review all HIPAA Policies	Policy Stat via intranet
Reporting Concerns:	
• To report potential viruses or malicious software	Contact the IAS Security Officer at 291-7525 In Email use "Squish the Fish" icon on toolbar Complete Compliance Concern Incident Form (Intranet)
• To report a possible privacy/security violation	Contact your supervisor Call the Privacy Hotline 291-7087

EMTALA

EMTALA says that any person requesting an emergency medical evaluation will receive a medical screening examination. This exam is to be provided by a qualified medical professional to determine if the patient has an emergency medical condition. If there is an emergency medical condition, the patient must be stabilized or appropriately transferred to another facility.

Important points about EMTALA:
- EMTALA applies regardless of a patient's insurance status, race or nationality
- Scotland Health Care System must provide medical screenings and respond to external inquiries for transfer. Failing to do either of these things may lead to fines and penalties for hospitals and/or providers.
- It is better to accept a transfer that is borderline than to refuse it
- Transfers for financial reasons are wrong and illegal

Patient Rights

Every patient has rights. Patient rights outline expectations for health care and provide each patient with knowledge regarding the care to which he or she is entitled.

Patient Rights and Responsibilities

1. A patient has the right to respectful care given by competent personnel.

2. A patient has the right, upon request, to be given the name of his attending physician, the names of all other physicians directly participating in his care, and the names and functions of other health care persons having direct contact with the patient.

3. A patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination, and treatment are considered confidential and shall be conducted discreetly.

4. A patient has the right to have all records pertaining to his medical care treated as confidential except as otherwise provided by law or third-party contractual arrangements.

5. A patient has the right to know what facility rules and regulations apply to his conduct as a patient.

6. The patient has the right to expect emergency procedures to be implemented without unnecessary delay.

7. The patient has the right to good quality care and high professional standards that are continually maintained and reviewed.

8. The patient has the right to full information in laymen's terms, concerning his diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not possible or medically advisable to give such information to the patient, the information shall be given on his behalf to the patient's designee.

9. Except for emergencies, the physician must obtain the necessary informed consent prior to the start of any procedure or treatment, or both.

10. A patient has the right to be advised when a physician is considering the patient as a part of a medical care research program or donor program. Informed consent must be obtained prior to actual participation in such program and the patient or legally responsible party, may, at any time, refuse to continue in any such program to which he has previously given informed consent. An Institutional Review Board (IRB) may waive or alter the informed consent requirement if it reviews and approves a research study in accord with federal regulations for the protection of human research subjects including U.S. Department of Health and Human Services (HHS) regulations under 45 CFR Part 46 and U.S. Food and Drug Administration (FDA) regulations under 21 CFR Parts 50 and 56. For any research study proposed for conduct under an FDA "Exception from Informed Consent Requirements for Emergency Research" or an HHS "Emergency Research Consent Waiver" in which informed consent is waived but community consultation and public disclosure about the research are required, any facility proposing to be engaged in the research study also must verify that the proposed research study has been registered with the North Carolina Medical Care Commission. When the IRB reviewing the research study has authorized the start of the community consultation process required by the federal regulations for emergency research, but before the beginning of that process, notice of the proposed research study by the facility shall be provided to the North Carolina Medical Care Commission. The notice shall include:
    - the title of the research study;
    - a description of the research study, including a description of the population to be enrolled;
    - description of the planned community consultation process, including currently proposed meeting dates and times;
    - an explanation of the way that people choosing not to participate in the research study may opt out; and
    - contact information including mailing address and phone number for the IRB and the principal investigator.

11. The Medical Care Commission may publish all or part of the above information in the North Carolina Register and may require the institution proposing to conduct the research study to attend a public meeting convened by a Medical Care Commission member in the community where the proposed research study is to take place to present and discuss the study or the community consultation process proposed.

12. A patient has the right to refuse any drugs, treatment or procedure offered by the facility, to the extent permitted by law, and a physician shall inform the patient of his right to refuse any drugs, treatment or procedures and of the medical consequences of the patient's refusal of any drugs, treatment or procedure.

13. A patient has the right to assistance in obtaining consultation with another physician at the patient's request and expense.

14. A patient has the right to medical and nursing services without discrimination based upon race, color, religion, sex, sexual preference, national origin or source of payment.

15. A patient who does not speak English or is hearing impaired shall have access, when possible, to a qualified medical interpreter (for foreign language or hearing impairment) at no cost, when necessary and possible.

16. The facility shall provide a patient, or patient designee, upon request, access to all information contained in the patient's medical records. A patient's access to medical records may be restricted by the patient's attending physician. If the physician restricts the patient's access to information in the patient's medical record, the physician shall record the reasons on the patient's medical record. Access shall be restricted only for sound medical reason. A patient's designee may have access to the information in the patient's medical records even if the attending physician restricts the patient's access to those records.

17. A patient has the right not to be awakened by hospital staff unless it is medically necessary.

18. The patient has the right to be free from needless duplication of medical and nursing procedures.

19. The patient has the right to medical and nursing treatment that avoids unnecessary physical and mental discomfort.

20. When medically permissible, a patient may be transferred to another facility only after he or his next of kin or other legally responsible representative has received complete information and an explanation concerning the needs for and alternatives to such a transfer. The facility to which the patient is to be transferred must first have accepted the patient for transfer.

21. The patient has the right to examine and receive a detailed explanation of his bill.

22. The patient has a right to full information and counseling on the availability of known financial resources for his health care.

23. A patient has the right to expect that the facility will provide a mechanism whereby he is informed upon discharge of his continuing health care requirements following discharge and the means for meeting them.

24. A patient shall not be denied the right of access to an individual or agency who is authorized to act on his behalf to assert or protect the rights set out in this Section.

25. A patient, or when appropriate, the patient's representative has the right to be informed of his rights at the earliest possible time in the course of his hospitalization.

26. A patient, and when appropriate, the patient's representative has the right to have any concerns, complaints and grievances addressed. Sharing concerns, complaints and grievances will not compromise a patient's care, treatment or services.

   • If a patient has a concern, complaint, or grievance, he/she may contact his/her nurse, the nursing supervisor, or the Customer Care Line at (910) 291-7909.

   • If the patient issues are not satisfactorily addressed while the patient remains hospitalized, the investigation will continue. The intent is to provide the patient a letter outlining the findings within seven days.

   • If a patient chooses to identify a concern, complaint, or grievance after discharge, he/she may contact:

      The Customer Care Line at **(910) 291-7909.**
      or write a letter to **the Patient Experience Department** at
      500 Lauchwood Drive, Laurinburg, NC 28352

   • The patient has the right to directly contact the North Carolina Department of Health and Human Services (State Survey Agency) or the Joint Commission.

NC Div of Health Services Regulation
Complaint Intake Unit
2711 Mail Service Center
Raleigh, NC 27699-2711
www.ncdhhs.gov/dhsr/ciu/complaintintake.html
1-800-624-3004

The Joint Commission
Email: complaint@jointcommission.org
1-800-994-6610

27. The patient has the right to participate in the development and implementation of his plan of care, including his inpatient treatment/care plan, outpatient treatment/care plan, discharge care plan, and pain management plan.

28. The patient, or when appropriate, the patient's representative has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. Making informed decisions includes the development of their plan of care, medical and surgical interventions (e.g. deciding whether to sign a surgical consent), pain management, patient care issues and discharge planning.

29. The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.

30. The patient has the right to have a family member or representative of his or her choice and his own physician notified promptly of his admission to the hospital.

31. The patient has the right to personal privacy. Privacy includes a right to respect, dignity, and comfort as well as privacy during personal hygiene activities (e.g. toileting, bathing, dressing), during medical/nursing treatments, and when requested as appropriate. It also includes limiting release or disclosure of patient information such as patient's presence in facility, location in hospital, or personal information.

32. The patient has the right to receive care in a safe setting. A safe setting includes environmental safety, infection control, security, protection of emotional health and safety, including respect, dignity, and comfort, as well as physical safety.

33. The patient has the right to be free from all forms of abuse or harassment. This includes abuse, neglect, or harassment from staff, other patients, and visitors.

34. The patient has the right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.

35. The patient has the right to be free from seclusion and restraints, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff.

36. A patient has the right to designate visitors who shall receive the same visitation privileges as the patient's immediate family members, regardless of whether the visitors are legally related to the patient by blood or by marriage.

PATIENT RESPONSIBILITIES

1. Patients, and their families when appropriate, are responsible for providing correct and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to their health.

2. Patients and their families are responsible for reporting unexpected changes in their condition or concerns about their care to the doctor or nurse taking care of them.

3. Patients and their families are responsible for asking questions when they do not understand their care, treatment, and service or what they are expected to do.

4. Patients and their families are responsible for following the care, treatment, and service plans that have been developed by the healthcare team and agreed to by the patient.

5. Patients and their families are responsible for the outcomes if they do not follow the care, treatment, and service plan.

6. Patients and their families are responsible for following the hospital's rules and regulations.

7. Patients and their families are responsible for being considerate of the hospital's staff and property, as well as other patients and their property.

8. Patients and their families are responsible to promptly meet any financial obligation agreed to with the hospital.

Abuse, Neglect, and Exploitation

Abuse may the reason for a patient's seeking health care , or it may be noticed during a visit initiated for another reason. The health care worker should be able to screen for abuse, identify potential signs of abuse and follow the policies and procedures of his or her institution in document and reporting abuse. He or she should also be able to provide emotional support to the patient during this difficult time.

This Facility's policies reflect state laws and procedures regarding reporting cases of abuse, neglect, or exploitation to child or adult protective services. Report any neglect, abuse, or suspicion to your manager, social worker, or local agency.

Some signs and symptoms of physical abuse include:
- Overly quiet or passive behavior
- Frequent visits to the Emergency Center for trauma
- Strains, dislocations, fractures or broken bones
- Burns from cigarettes, appliances or hot water
- Signs of traumatic hair and tooth loss
- Bruises – certain types are rarely accidental:
    - Bilateral bruising of the arms may indicate that the person has been shaken, grabbed or restrained.
    - Bilateral bruising of the inner thighs may indicate sexual abuse
    - Multicolored bruises indicate that multiple injuries are in different stages of healing
    - Injuries healing by secondary intention indicate that they were not given appropriate care.
- Inappropriate clothing
- Poor hygiene

Signs and symptoms of emotional abuse can be age dependent but, overall, may include:
- Obvious emotional distress
- Speech disorders
- Depression
- Low Self-esteem
- Sleep disorders
- Regressive behaviors
- Name calling
- Yelling
- Insulting, threatening, or intimidating others

Possible signs and symptoms of Neglect include:
- Lack of adequate food, clothing, or housing
- Poor Hygiene
- Starvation or malnutrition
- Lack of supervision
- Abandonment
- Unsafe living conditions
- Problems at school (frequent absences, frequent tardiness, sleeping, poor performance)
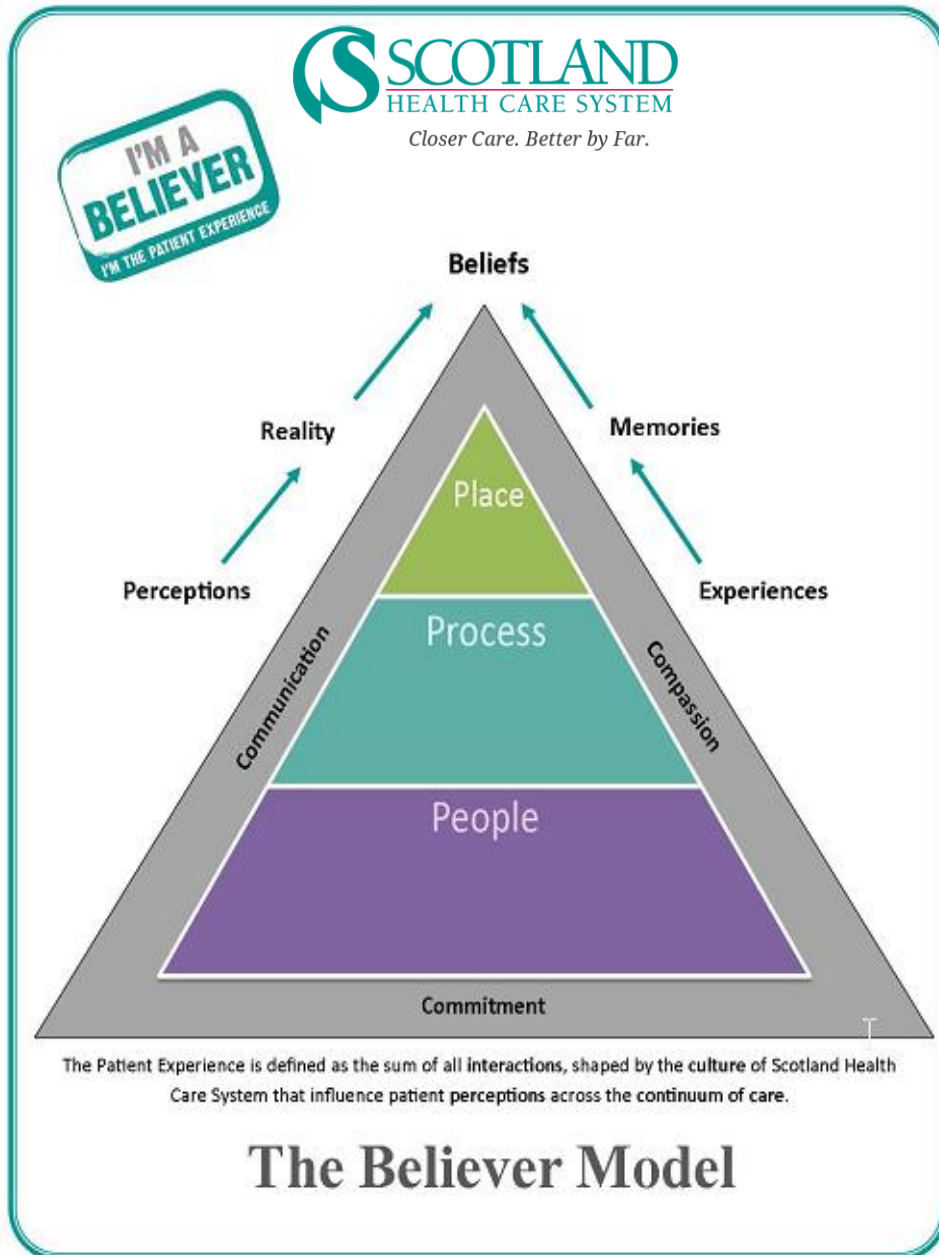- Self-destructive behavior
- Depression

When working with possible victims of abuse, neglect, or exploitation, you should:
- Protect victims and provide a safe environment for their care
- Recognize the patient's right to be free from physical, sexual, and emotional abuse, neglect, and exploitation while under the care of the facility.

Patient Experience

THE CUSTOMER
Any individuals with whom we come in contact, including the patient, patient family, physician, employee, volunteer, vendor, or other visitor or contact of Scotland Health Care System.

The Patient Experience is defined as the sum of all interactions, shaped by the culture of Scotland Health Care System that influence patient perceptions across the continuum of care.

The Believer Model

AIDET is the communication tool we use for many of our patient interactions.

A-	**Acknowledge**	Acknowledge the patient and their needs
I-	**Introduce**	Introduce yourself and your role
D-	**Duration**	Give time expectations and update patients as necessary
E-	**Explanation**	Encourage patients to ask questions and explain
T-	**Thank You**	Thank the patient for choosing Scotland Health Care System

Environment of Care (EOC)

Emergency Preparedness

There are three policies in the <u>Environment of Care Manual</u> which relate to Scotland Memorial Hospital's emergency preparedness. These three polices are:

- Emergency Preparedness Management Plan
- Emergency Preparedness – "Dr. Big"
- Family Practice Centers' Emergency and Disaster Preparedness

Our Emergency Preparedness Management Program is designed to provide guidance, resources and training that will be necessary to fulfill our roles in the event of a disaster or other situation that affects operations of the hospital.

The Emergency Preparedness Management Plan may be activated in response to a variety of emergency situations including:

1. Fires
2. Hurricanes, tornadoes, and other forms of threatening weather
3. Bomb threats
4. Any external disaster that creates a large number of causalities

The Disaster Control Center is the Hospital's Board Room. The phone extension is 7503. Any department that is not specifically mentioned in the Disaster Plan Policy will be on STANDBY.

Fire Safety

A fire requires three elements to burn: oxygen, heat, and fuel. If one element is missing or removed, there can be no fire.

Fires are classified by the type of fuel that causes the fire:

We Are the First Line of Defense! You should know:
- The location of fire pull stations, emergency exits, and fire extinguishers
- How to report a fire
- The emergency number to call in case of fire
- How to respond to a fire alarm

CLASSES OF FIRES

A CLASS A		• Ordinary Combustibles
B CLASS B		• Flammable Liquids and Gases
C CLASS C		• Electrical Equipment
D CLASS D		• Combustible Metals
K CLASS K		• Cooking Oils or Fats

FIRE HAZARDS INCLUDE

- Smoking
- Oxygen, compressed gases
- Flammable substances
- Faulty electrical equipment or wiring
- Improper use of extension cords
- Patient's appliances from home
- Combustibles (i.e., rubbish, latex gloves, rags, linens)
- Grease from cooking
- Lint from laundry

PREVENTION is everyone's responsibility

- Inspect your work area for hazards regularly
- Report hazards to your supervisor or safety manager
- Help enforce smoking rules
- Do not leave microwave cooking unattended
- Use of personal and portable electric heaters are prohibited
- Fire/smoke doors must not be blocked, propped, or obstructed in any way
- Follow policy for surgical procedures involving oxygen and a heat source
- Keep equipment that can spark away from areas with oxygen
- Storage cylinders must be always in an approved rack or cart
- Do not store combustible materials within 5 feet of oxygen

In the Event of Fire: RACE

RACE stands for the four steps to follow in the event of a fire:

- **R**emove/**R**escue persons from immediate danger.
- **A**ctivate the alarm closest to the fire area. Alert persons in the immediate area by announcing the code phrase "Code Red" several times.
- **C**ontain fire by closing doors and windows where the fire is located.
- **E**xtinguish the fire by using the proper type of fire extinguisher, when appropriate.

If you use a fire extinguisher on a small fire, remember to PASS

1. Pull Pin
2. Aim
3. Squeeze
4. Sweep

Figure 5. PASS (Image: Adapted from U.S. Department of Labor, Occupational Safety & Health Administration)

Life Safety

Health care facilities must meet the Life Safety Code. The Life Safety Code specifies building codes for fire walls and fire doors, smoke barriers, and floors to prevent the spread of fire. You should keep fire doors shut so smoke and fire can be trapped. These doors are designed to prevent smoke and fire entry for 20 minutes. The Life Safety Code also requires exits from buildings that allow for quick evacuation of patients.

Utilities Safety

Facilities management department is responsible for maintaining many vital systems in a health care facility. These systems include: Communications, Electrical system, Fire Detection an suppression, Heat and air conditioning, Medical gas and vacuum systems, Water and Vertical transportation systems.

The main functions of the facilities management department are to :

- Ensure the reliable operation of all equipment and services within the facility
- Minimize the risk of utilities failure within the facility.

Emergency Receptables and Wall Outlets:

Receptacles and wall outlets are coded in the following manner:

- Red: emergency power outlets, typically 120 volts
- Ivory: normal power outlets, typically 120 volts

Emergency Shut off valves:

Each employee should know the location of the shut off valves and zone valves

Workers should follow the following electrical principles:

Equipment in patient care areas should be grounded (i.e. a plug with 3 prongs), and UL-listed
- *DO NOT* use extension cords in patient care areas
- *Turn equipment off* before unplugging
- *Disconnect cord* from outlet by grasping and pulling the PLUG not the cord

For any utilities assistance or emergency contact the Engineering Department at 910.291.7580

For after hours assistance notify the Nursing supervisor to contact the on Call team.

Medical Equipment Management

- All employees must be familiar with and inspect equipment prior to use
- If the power goes out, ensure that all essential equipment is plugged into the emergency outlets. (Red or Orange in the Operating Room or C-Section area)
- Some equipment should always be plugged into a red outlet.
    - → Ventilators
    - → Suction machines
    - → Specialty beds
    - → Defibrillators
    - → Nurse Call System
- When equipment is identified as a potential hazard or problem, be sure to turn the equipment off, unplug, remove from service, mark, or label as out of service,
- All work orders to be placed online through:

1. Click link to navigate to the Crothall Portal
   https://crothall.service-now.com/login.do
2. Enter site username and password:
   Username: ScotlandHCSystem
   Password: ScotlandHCSystem2021
3. Create a work order by Entering an **Asset #** or click **SCAN** to get a barcode and click **SEARCH**.
4. View the work orders that you created under **My Work Orders**.

- For emergency needs please contact the house supervisor to contact the On Call team.

PROBLEMS MAY INCLUDE

- → cut or frayed wires or plugs
- → feels or smells like overheating
- → shock felt during use
- → dropped or physically damaged
- → liquid spilled on electrical components
- → any other equipment problems or failures

Patient Alarms

Beginning January 1, 2016, The Joint Commission established National Patient Care Safety Goals to include checking individual alarm signal for accurate settings, proper operation, and detectability.

Hazard Materials/Chemicals Management

To be considered a hazardous chemical, a chemical must be at least one of the following: flammable, explosive, toxic, or corrosive.

Your **"right to know"** protects you as a worker. Training should be provided on the proper handling of any hazardous chemical prior to use.

INVENTORY LIST OF CHEMICALS
An **inventory list** of all current chemicals (including gases and products containing chemicals) is available in each department. Be familiar with your list of chemicals.

SAFETY DATA SHEETS
Provided by the manufacturer and describe the chemical composition, characteristics, potential health, physical hazards, and other information on their product.   **Safety Data Sheets** are available via the Scotland Intranet "MSDS Online" and are available for review at any time.

LABELING
Required on all hazardous chemicals entering our facilities. This includes:
- Product Identifier
- Signal Word (ex. Danger)
- Pictograms,
- Hazard and precautionary statement,
- Supplier identification

Re-label containers when removing chemicals from the original
- Name of product
- Specific hazard warnings

LABEL ALL CONTAINERS – even water. No one should guess what's inside.

The National Fire Protection Association's (NFPA) diamond is used for quantities of dangerous chemicals. The danger is identified by the number inside the color diamond on the sign. The higher the number, the greater the hazard (between 4 and 0). The type of hazard is identified by the color.

Other Health Hazard Symbols:

Identifies materials that are **Radioactive**.

Identifies hazardous **Biological** materials.

Gas Cylinders

Many gases, such as nitrogen and oxygen, are used in our facilities. In order to transport, store, and use these gases, they are "bottled" under great pressure in tanks called gas cylinders.
- Store in the approved rack or cart at all times
- Handle carefully to prevent damage when moved or used
- Never put the tank in the bed with a patient
- Read the warning label and the MSDS for safe handling

Hazardous Spills Procedure

- Call Switchboard to announce a "Code Yellow" and ask that a Hazardous Spill be called.
- Evacuate and secure area (unplug equipment and appliances as safety permits).
- If material contaminated patients, visitors, and/or staff, assist them in getting cleaned up and/or seeking medical attention for those exposed/injured. Use eye wash station and/or shower to remove contaminating material.*
- Locate the MSDS on the material and note the appropriate response.
- Dispatch personnel to obtain special equipment (spill kit, towels, mops, buckets, etc.)
- Put on proper PPE before containing or cleaning up spill and follow Universal Precautions.
- Contain and clean up spill or request assistance from outside agencies to clean up spill. Please note that the local Fire Department/EMS and specialty agencies have more expertise in this area and should be consulted whenever necessary.

  Fire Department
  - Call 911, Fire
  - Advise that we have a serious hazmat incident
  - Share type of hazardous material, if known

  EHC Environmental – Red Springs, NC 910-843-4456
  - If after hours leave a message on the 24-hour spill voicemail which is connected to coordinator's cell phone

- Clean up equipment involved in the spill, advising Bio-Medical Engineering of specifics as necessary.

Common Chemicals at Scotland Health Care System

Office:	Copier toners, white out, cleaners
Clinical Areas:	Disinfectants, alcohol, chemotherapeutic agents, medical gases
Central Supply:	Ethylene oxide, chemosterilants, disinfectants
Environmental Services:	Cleaners, disinfectants
Laboratory:	Acids, bases, solvents, toxic materials
Plant Engineering:	HVAC chemicals, degreasers, paint
Radiology:	Film fixer, developers
Surgery:	Anesthetic agents

Safety and Security

Scotland Health Care system strives to provide a safe and secure environment for its customers and staff. Workers have an active role in the security program to ensure its success.

Within the hospital - In case of emergency dial 811
Outside of hospital – in case of emergency dial 911

Code Blue	Cardiac/Respiratory Arrest
Code Yellow	Hazardous Material Spill
Code Pink	Infant or Child Abduction
Code Purple	Need Lifting Assistance
Code Gray	De-escalation Team
Code Silver	Person with weapon or hostage
Code Orange	EC Restricted Access
Dr. Red	Fire
Dr. Strong	Behavior Assistance
Dr. Big	Disaster Plan
Dr. Search	Bomb Threat

TIPS FOR STAYING SAFE
- Be aware of your surroundings
- Recognize potentially dangerous situations
- Lock your vehicle and keep valuables out of sight
- Walk to parking areas in groups
- Leave valuables at home or secured at work
- Property should be secured or attended

SECURITY IS EVERYONE'S RESPONSIBILITY
- Wear your I.D. badge
- Report visitor problems
- Do not prop exterior doors open
- Report theft or incidents
- Report suspicious persons, vehicles, and activities

Facility Specific Information Sheet

Situation	Scotland Memorial Hospital	W.R. Dulin Center	Outlying Clinics	Scotland Urgent Care
Emergencies to Report				
Reporting a Fire	➢ Pull the pull box ➢ Call 811 and give location ➢ Operator will announce "Dr. **RED**" and location	➢ Pull the pull box ➢ Call 811 and give location ➢ Operator will announce "Dr. **RED**" and location	➢ Pull the pull box ➢ Call 911	➢ Pull the pull box ➢ Call 911
Reporting a Cardiac or Respiratory Arrest	➢ Call 811 and give location ➢ Operator will announce "**Code BLUE**" and location ➢ **If 18 years or under it will be announced as a "Code Blue Pediatric"**	➢ Call 911 and give location ➢ Dial 4112/4114 ➢ Announce Code Blue and Location	➢ Call 911	➢ Call 911
Reporting an Infant/ Child Abduction	➢ Call 811 ➢ Operator will announce "Code Pink" and location	➢ Call 911 and 811 ➢ Operator will announce "Code Pink" and location	➢ Call 911	➢ Call 911
Reporting a Bomb Threat	➢ Call 811 ➢ Operator will announce "Dr. Search" ➢ Keep the person on the phone as long as possible, Be sure to listen for distinguishing sounds (Ex. Voice, background noise)	➢ Call 911 and 811 ➢ Operator will announce "Dr. Search" ➢ Keep the person on the phone as long as possible, Be sure to listen for distinguishing sounds (Ex. Voice, background noise)	➢ Call 911	➢ Call 911
Reporting Behavior Assistance	➢ Call 811 ➢ Operator will announce " Dr. Strong" and location	➢ Call Security at 7007 ➢ Operator will announce " Dr. Strong" and location	➢ Call 911	➢ Call 911
Reporting a Hazardous Materials Spill	➢ Call 811 ➢ Operator will announce " Code Yellow" and location	➢ Call 811 ➢ Operator will announce " Code Yellow" and location	➢ Call 911	➢ Call 911

*The Newborn Safe Surrender Policy states that any newborn under seven days of age that is dropped off at any facility will be received- **no questions asked.**

Activating Resuscitative Efforts

When a patient is exhibiting deteriorating changes, appropriate response and resuscitative efforts should be activated.

Scotland Memorial Hospital
(Rapid Response Team and Code Team)
811

Dulin Center
(Emergency Medical Services)
911

Scotland Physician Network Practices and Outlying areas
(Emergency Medical Services)
911

RAPID RESPONSE TEAM
A Rapid Response Team or RRT is a team of clinicians who bring critical care expertise when a patient is experiencing distress.

Scotland Memorial Hospital has a RRT that responds to the following areas:

Cancer Center	Outpatient Surgery	Med/Surg/Peds
Imaging Services	Women's Services	PCU
Preadmission Testing	Telemetry	ICU

Infection Prevention and Control

In the healthcare setting, patients, employees, and visitors are at risk for infections. The facility's role in prevention and control is to put policies and procedures, engineering controls, and work practice controls in place.

There are two levels of precautions used in this facility:
1. Standard Precautions – used by health care workers for all patients.
2. Transmission Based Precautions – used by health care workers based on the way disease spreads from person to person.

Transmission Based Precautions are in addition to standard precautions and include:
- Airborne precautions
- Droplet precautions
- Contact precautions

Hand Hygiene: The foundation of infection prevention and control.
Health care workers may wash their hands with soap and water or with an alcohol-based hand rub (if not visibly soiled)

- Upon entering or leaving any facility campus or property.
- When the hands are visibly soiled
- Before putting on or after removing PPE (gloves)
- Before or after contact with patients or their environment
- After performing personal hygiene activities (i.e., toileting, sneezing, coughing, and combing hair)
- Before and after eating, drinking, or handling food
- As outlined in Standard Precautions

HOW TO WASH YOUR HANDS
- Turn on water to comfortable temperature
- Have paper towel available
- Wet hands
- Apply soap
- Use friction rubbing for at least 20 seconds
- Rinse hands well under running water
- Dry hands thoroughly with paper towel
- Use paper towel to turn off faucet and discard

How To Use A Waterless Product
- Apply the product to the palm
- Rub hands together, covering all surfaces of hands and fingers until hands are dry

Personal Protective Equipment (PPE)

PPE = Special clothing or equipment worn by an employee for protection against a potential hazard. Use PPE when there is a potential for exposure.

If you work in a patient care area..

All Associates should clean hands
1. Before and after each patient contact
2. After contact with blood or body fluids
3. Before putting on or after removing PPE, including gloves

N95/PAPR
Up to date fit testing for N95/Equivalent Respirator or access to PAPRs (powered air-purifying respirator) with document training.

EYE Protection
Protects eyes from splatters and should fit snuggly over and around the eyes or prescriptive glasses.

Gowns/Gloves
Put on a clean isolation gown upon entry into the patient room or area. Gloves protect you when directly handling potentially infectious materials or contaminated surfaces.

Patient Placement
At a minimum put a patient in a private room with door closed. For further instructions please refer to facility guidelines.

REMEMBER

- PPE is only effective if you wear it correctly.
- Use caution when donning or doffing PPE. Doffing PPE is when you are at highest risk on contaminating yourself.
- If blood or body substances penetrate PPE, remove it immediately or as soon as possible
- Remove all personal protective equipment prior to leaving the work area

HAZARD COMMUNICATION

- The universal biohazard symbol is used to identify biohazardous materials.
- Workers need to place material with potential bloodborne disease in containers marked with the biohazard symbol.

INADVERTENT EXPOSURES

EXPOSURE INCIDENT: Specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials (OPIM) that result from the performance of an employee's duties.

Steps to follow for a Suspected Exposure

1. Immediately wash the affected area with soap and water
2. Notify your supervisor
3. Complete an Incident Form
4. Report to appropriate area (Employee Occupational Health or Emergency Department) as soon as possible to start recommended treatment when indicated. There will be a confidential medical evaluation after exposure.

Do not report to work if you have any symptoms of a communicable disease.

Standard Precautions

- Is to protect the healthcare worker and all patients from germs that cause disease.
- Are used by all Health care worker to care of *all* patients, regardless of a known infection status
- Are used for known and unknown infection sources

Standard Precautions Include:

- Handwashing or Hand antisepsis
- Wearing Personal Protective Equipment (PPE)
- Equipment Handling and Cleaning
- Environmental Controls
- Preventing exposure to Bloodborne diseases

Recently expanded to include:

- Respiratory Hygiene and cough etiquette
- Safe injection practices
- Infection prevention and control practices for special lumbar puncture and procedures.

Transmission-Based Precautions

Used in addition to Standard Precautions for patients who have or are suspected to have infections that spread easily from person to person.

Categories of precautions:

Airborne Precautions   (ex. TB)

Airborne precautions are an example of transmission-based precautions. They are used in addition to standard precautions when a patient's illness is caused by a germ that can make its way out of the sick person when air is forced out of his or her lungs.

For instance, if a person with tuberculosis coughs or sneezes, or even if he or she is simply talking, the germ that causes tuberculosis may come out into the air. These germs remain in the air and can travel through the air for a long distance.

Droplet Precautions (ex. Covid, Flu)

The difference between airborne and droplet precautions is that droplets contained by droplet precautions are larger and therefore unable to remain in the air or travel through air for a long distance. In fact, they generally travel only 3 feet or less. However, for pandemic flu, the safe distance is considered to be 6 feet. Because these germs do not travel, a room with negative pressure and outside venting is not needed.

Contact Precautions (ex. MRSA)

Contact precautions are another example of transmission-based precautions. They are used in addition to standard precautions if a patient has an infection or has a growth of germs that can be spread through contact.

Contact may be direct, as when the skin of the patient touches the skin of the worker, or it may be indirect, as when a worker comes in contact with a patient care item that has been contaminated with the patient's germs.

Your role in helping to prevent the spread of infections is to

FOLLOW INSTRUCTIONS POSTED ON THE PATIENT'S DOOR

Bloodborne Pathogens

- Bloodborne pathogens (BBPs) are disease-causing germs carried by blood and other body fluids and can cause disease in humans.
- Human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) are the most common bloodborne pathogens.

BLOODBORNE PATHOGENS ARE SPREAD BY:
- Puncture wounds/needlesticks
- Splash to mucous membranes or open areas of skin
- Sexual contact
- Mother to baby

Health Care Safety and Injury Prevention

Preventing Injuries Unique to Health Care Facilities

Use proper tools and techniques to prevent personal injuries and illnesses for which health care workers are uniquely at risk, including those that result from:

- Needlesticks
- Exposure to infectious diseases
- Use of specialized equipment (such as equipment that relies on radioactive or chemical substances)
- Back injuries from patient and equipment transport
- Use of personal protective equipment (PPE) when working in rooms where patients are on isolation precautions
- Trips, slips, and falls

The following measures should be taken to prevent needlesticks:

- Used needles should always be placed in sharps containers, and standard precautions should be followed.
- Health care facilities must use needles that retract or have self-contained caps to prevent accidental sticks once the needle is used.
- When handling trash, housekeeping staff should follow procedures that prevent needlesticks.
- Any needlesticks should be reported immediately.

To reduce the risk of injury from transporting patients:

- Remember to use the curved mirrors at hallway intersections or other dangerous areas to watch for hazards.
- If you encounter a patient who is being transported when you are present in a hallway, provide room for the wheelchair or stretcher to pass by.

TRANSPORTING HEAVY OBJECTS	*PROPER LIFTING*

TRANSPORTING HEAVY OBJECTS
- Use wheels when possible
- Push instead of pull
- Roll or slide instead of pull

PROPER LIFTING
- Plan the move
- Keep weight close
- Use a wide base of support
- Avoid twisting or jerking
- Bend knees & lift with legs
- Get help when needed (co-worker, instruct patient)
- Use devices when needed (mechanical patient lift, dolly, cart)
- Maintain curve in low back and neck

General Radiation and MRI Safety

Radiation is found everywhere; everyone has some level of exposure to radiation. Individuals who work around a radiation source have a potential to receive added radiation exposure called an occupational dose.

Health care workers who work around radiation sources are provided devices called "dosimeter" that detects radiation exposure and measures occupational dose.

Sources of Radiation in health care:
Xray unit is a source of ionizing radiation whenever:
- A beam is being produced
- An X-ray is being taken

Patient:
- If they have a radioactive implant
- When radiopharmaceuticals or radioactive drugs are used to treat disease (they are a source while the medication is in their system.)

General Safety Measures:
- Time
- Distance
- Shielding

MRI equipment is not a source of radiation; however, it can be hazardous to staff and patients. Remember:
- Magnet is always on – even when not in use
- Do not take anything metallic or magnetic into the room
- Patients or staff with Pacemakers are not allowed in the room

For the protection of all employees the MRI should be zoned. Employees should know the zones. The recommendation MRI zones are:
- Zone I: All areas accessible to the general public
- Zone II: Interface between public access and restricted zones III and IV; screening room is usually in this zone.
- Zone III: Console room and equipment room
- Zone IV: Scanner room

Workplace Violence

Violence is present and filtering into the workplace, with health care workers and social service workers being at a higher risk for violent assault. The emphasis is being switched from reaction to prevention and has been identified as an occupational health and safety issue.

Workplace violence is defined as a threatened assault or physical violence toward workers. However, many believe it may also include language or actions that make a person uncomfortable in the workplace.
It may include any of the following offenses:
- Rape
- The use of knives or other weapons
- Bullying
- Hitting
- Kicking
- Biting
- Pinching
- Harassment
- Intimidation

The circumstances of workplace violence vary and may include:
- Robbery-associated violence
- Violence by patients or customers
- Violence by coworkers—employers or employees
- Domestic violence that finds its way into the workplace

Lateral violence is:
- Gossiping
- Spreading rumors
- Sabotaging
- Backstabbing

Lateral violence is a destructive force that creates unhappy and unhealthy workplaces.
The impacts of lateral violence include:
- Lack of trust
- Lack of safety
- High absenteeism
- Turnover
- Reduced quality of service

Warning signs of potential violence can include:
- Aggressive or hostile postures, attitudes, or language
- Manifestations of discontent, frustration, and irritation
- The escalation of behaviors that may signal the building up of tension, such as:
  - Changes in eye contact or widened eyes
  - Motor agitation, which may be demonstrated by physical movements, such as pacing, foot or finger tapping, or rapid breathing
  - Alterations in tone or volume of voice, muscle tension, sweating, or gritted teeth

When dealing with a person who is exhibiting behaviors that are escalating, threatening, intimidating, or violent, make every attempt to keep yourself and others safe. Some actions to take include:
- Position yourself near an exit, and make sure you have an escape route.
- Never turn your back on the person.
- Do not crowd or touch the person—maintain at least 3 to 6 feet between the violent person and yourself.
- Notice the presence of any object that can be used as a weapon

- If a weapon is present, never try to grab it because it could accidentally fire or otherwise injure someone.

When dealing with a potentially violent person, avoid challenging behaviors. Challenging behaviors include:

- Acting impatient
- Criticizing the person
- Crossing your arms
- Pointing fingers
- Making sudden movements
- Putting your hands on your hips
- Arguing
- Interrupting the person when speaking
- Raising your voice or shouting

These behaviors can increase the agitation and aggression of the violent person.

If you are in immediate danger, take the following actions:

- Try to remove yourself and others from the area.
- Activate the appropriate alarm system (for example, dial 911).
- Be able to explain where you are, who is involved, the triggers to the situation, and whether there is a weapon involved.
- Completely document the situation with an incident report.
- Notify your supervisor of the incident.
- If you or any other worker has been injured, seek medical treatment.

If you are not in immediate danger, you should contact your supervisor and explain who was involved, where and when the incident occurred, and what triggered the situation.

Workplace violence in the health care setting often involves a patient, a coworker or a former coworker, or another person such as a family member.

Scotland Health Care System strives to maintain a work environment free from intimidation, threats, or violent acts. Disciplinary measures and/or legal action will be taken when appropriate. ***No violent act will be tolerated.***

Weapons of any type **are prohibited from any property owned or leased by Scotland Health Care System**

- Signs are posted for visitors and staff
- Notify security if you suspect anyone is carrying a weapon
- Any employee who violates this policy will be terminated

Dial Security at extension 7007 to report a non-medical emergency.

Off-site facilities dial 911 for emergencies.

Preventing Patient Falls

The agency for Healthcare Quality and Research estimates that in the US between 700,000 to one million people fall within hospitals, resulting in fractures, lacerations or internal bleeding.

THE GOAL **at Scotland Health Care System is to reduce the number of hospital acquired falls.**

There are several ways SHCS has committed to the safety and quality care of patients by implementing the following guidelines:
- All patients are to receive education on fall precautions
- All patients are be provided non-skid socks upon admission and as needed.
- Frequent audits will be completed to address the accuracy of the Morse fall assessment and initiation of the falls bundle.
- All inpatient rooms have "Call, Do Not Fall" signs posted in the rooms and bathrooms
- Bed alarm signs have been created to use as reminders to ensure bed/chair alarms are on at all appropriate times.

Falls precautions include:
- Perform rounds and address the 4 P's: pain, positioning, personal care and possessions.
- Assist to toilet before bedtime and frequently while awake, do not leave unattended in bathroom. Bedside commode PRN.
- Communicate fall risk with frequent observation.
- Use assistive devices as appropriate.
- Relocate for improved visibility, as appropriate.
- Assist patient when ambulating or transferring.
- Family/other at bedside as indicated.
- Bed/chair alarm if available.

All associates are expected to assist with preventing falls by notifying proper personnel if patient is need.

Security and Confidentiality Agreement

As a non-employee of Scotland Health Care System and as a condition of my rotation and/or

assignment, I agree to the following:

1. I understand that I am responsible for complying with the HIPAA policies, which were provided to me.

2. I will treat all information received in the course of my employment with Scotland Health Care System which relates to the patients of the health care system, as confidential and privileged information.

3. I will not access patient information unless I have a need to know this information for my assignment.

4. I will not disclose information regarding the health care system's patients to any person or entity, other than as necessary to perform my rotation and/or assignment, and as permitted under the HIPAA policies.

5. If applicable, I will not log on to any of the health care system's computer systems that currently exist or may exist in the future using a password other than my own.

6. If applicable, I will safeguard my computer password and will not post it in a public place, such as the computer monitor or a place where it will be easily lost, such as on my ID badge.

7. If applicable, I will not allow anyone, including other associates, to use my password to log on to the computer.

8. If applicable, I will log off of the computer as soon as I have finished using it.

9. If applicable, I will not use e-mail to transmit patient information unless the appropriate security safeguards are in place and approved by my immediate supervisor.

10. I will not take patient information from the premises of the health care system in paper or electronic form without first receiving permission from the Privacy Officer.

11. Upon separation of my rotation/assignment with the health care system, I agree to continue to maintain the confidentiality of any information I learned while a non-employee and agree to turn over any keys, access cards/identification badge, or any other device that would provide access to the health care system or its information.

Signature: _____   Date: _____

Self-Study Questionnaire

Directions: **Provide the best answer for each question on the Self-Study Questionnaire Answer Sheet.**

1. I have read the Security and Confidentiality Agreement and understand that violation of this agreement could result in disciplinary action, including suspension of rotation/assignment.
   a) True
   b) False

2. In the hospital, the number I would dial in the event of a fire is _____.
   a) 811
   b) 910
   c) 843
   d) 911

3. An internal customer thanks you for your extra effort in offering help. You remember service excellence includes all **except** which of the following:
   a) Each person deserves to be treated with respect, kindness, compassion, and dignity.
   b) Utilizing customer service standards and actions makes each person in our community feel important.
   c) Sometimes we are just too busy to practice service excellence.
   d) We want people to know that how we deliver their care is as important to us as being technically competent caregivers.

4. If you believe there is a corporate compliance issue, you should:
   a) Discuss it with your manager or supervisor
   b) Discuss it with the Corporate Compliance Official if not comfortable discussing with manager
   c) Ignore
   d) Both A and B

5. When dealing with a person who is exhibiting behaviors that are escalating or intimidating you may take the all the following actions except:
   a) Position yourself near an exit
   b) Never turn your back on the person
   c) Do not crowd or touch the person
   d) Crossing your arms
   e) Raising your voice
   f) Both D & E

6. Examples of confidential information include:
   a) Patient insurance and financial information.
   b) Details about illnesses or conditions.
   c) Patient demographics which include name, address, and/or phone number.
   d) All of the above

7. Another worker in your department asks why HIPAA is so important.
   a) HIPAA protects an individual's right to privacy and the confidentiality of medical information.
   b) You explain that….HIPAA is the government's way to control health care.

     c) It's not a big deal since our processes are well protected anyway and the medical records couldn't fall into the wrong hands.
     d) Protected Health Information (PHI) does not include patient identification numbers and billing information.

8. There is a box on the floor that you need moved to the table. You should:
     a) Shove it under the table to get it out of the way.
     b) Plan your move, stand close to the object, squat with bent knees, lift while maintaining normal curves, and keep the object close to your body.
     c) Ask a co-worker to do it instead.
     d) Pick the box up and place it on the table without giving thought to your action.

9. Security is everyone's responsibility. Employees should:
     a) Prop exterior doors open.
     b) Report suspicious persons, vehicles, and activities.
     c) None of the above.
     d) All of the above

10. A visitor to the Emergency Room is angered over waiting for treatment. He kicks the counter, slams his fist, raises his voice, and threatens physical harm to the employee unless he gets seen right away. You are passing by and witness this event.
     a) You think of your safety and quickly get out of the way.
     b) You immediately report the incident to security.
     c) You go back to your department and ignore the incident.
     d) You report to your work area and tell all your co-workers.

11. The letters that will help you remember what to do in a fire are:
     a) RACE
     b) RAT
     c) RUN
     d) RAKE

12. Lateral Violence is an example of workplace violence that create unhappy and unhealthy workplaces that includes?
     a) Lack of trust
     b) Reduced quality of service
     c) Staff Turnover
     d) Lack of Safety
     e) All of the above

13. If the power goes out you should make sure that all essential equipment is…
     a) Unplugged.
     b) Plugged into the emergency outlet (red or orange).
     c) Turned off.
     d) None of the above.

14. There are many ways to prevent the spread of infection, but the single best way is to…
     a) Rinse hands with water.
     b) Perform proper hand hygiene.
     c) Wear gloves all the time.
     d) None of the above.

15. If you see patient information out in the open, what should you do?
    a. Cover it.
    b. Move it to a secure location and report your findings.
    c. Read it first to see what it says.
    d. Do nothing.
    e. A or B.

16. The following are all categories of Precautions except…
    a) Indirect.
    b) Contact.
    c) Airborne.
    d) Droplet.

17. TB can be spread by coughing, sneezing, and talking. Which isolation precaution should be in place?
    a) Contact.
    b) Airborne.
    c) Droplet.
    d) All of the above.

18. You do not have to log off your computer if you are leaving it for a few minutes.
    a) True
    b) False

19. The Scotland Way defines the Culture of Scotland Health. The key components outlined in the Scotland Way include:
    a) We communicate candidly, transparently, consistently, and professionally
    b) We commit to best practices as the standard of care
    c) We treat our patients, visitors, and staff as our own family.
    d) We follow the rules and ethical standards which govern the work we do.
    e) All of the above

20. When you first encounter a patient, your conversation should begin with:
    f) Introducing yourself and your role
    g) Acknowledging the patient and their needs
    h) Thanking the patient for choosing Scotland Health Care System
    i) Encouraging the patient to ask questions

21. Code Pink means:
    a) Fire
    b) Bomb threat
    c) Disruptive patient or visitor
    d) An infant or child may have been stolen

22. On a Material Safety Data Sheet (MSDS) you would find the following information.
    a) What to do if a chemical splashes in your eye.
    b) What (if any) health problem contact with a chemical would cause.
    c) What to do if you swallow a chemical.
    d) All of the above.

23. Who do you contact to report a privacy violation?
    a. Your supervisor/manager, or privacy hotline
    b. Your co-worker
    c. Health Information Management
    d. The Department of Human Services

24. How do you assist in preventing falls?
    a) Catch the falling patient
    b) Notify the proper personnel if the patient is in need
    c) Carry the patient to the nurse's station
    d) Do nothing

25. You can share your computer password if you know you can trust the person you are sharing it with.
    a) True
    b) False

26. A culturally competent employee is sensitive to diversity issues when working with patients and other employees.
    a) True
    b) False

27. What are the key attributes of a culture of safety?
    a) Supports blame-free reporting of safety events
    b) Commitment and effort to minimize harm
    c) Doesn't want staff to report safety events
    d) Leadership are the only ones that can solve safety problems.
    e) A & B
    f) All of the above.

28. You have a patient presenting with poor hygiene and regressive behaviors. Their caregiver is yelling at them and not allowing them to speak up and answer questions. What should you do?
    a) Report observations of your encounter to your supervisor
    b) Place the patient in a location that offers the safest environment for their care
    c) Take the caregiver's version for all answers
    d) Join in on the yelling
    e) A & B
    f) None of the above

29. All employees should inspect and be trained on the use of medical equipment prior to use with a patient.
    a) True
    b) False

30. Patients with pacemakers are permitted to have an MRI performed?
    a) True
    b) False

Self-Study Post Test
ANSWER SHEET

Name:			Date:	
Scotland Department/Unit/Facility			Agency/Employer/School	

1.	6.	11.	16.	21.
2.	7.	12.	17.	22.
3.	8.	13.	18.	23.
4.	9.	14.	19.	24.
5.	10.	15.	20.	25.
26.	27	28	29	30

I have completed the orientation self-study and am responsible for the content.

Date_____Signature_____

You will be participating in patient care activities that my cause you to be exposed to infectious diseases. You are required to demonstrate competency in the selection, donning and doffing of Personal Protective Equipment prior to starting your clinical experiences. If you cannot demonstrate this competency, you should not enter any clinical environment. You are encouraged to always practice good hygiene and social distancing to reduce the likelihood of contracting or spreading infectious disease. Scotland Health Care System is not liable for any potential exposure to, or acquisition of, infectious diseases that may result from your contact with patients or personnel in the clinical environment. Scotland Health Care System is not liable for medical expenses related to testing or treatment of infectious diseases, nor is Scotland Health Care System responsible for any delays in your academic progress due to isolation for or treatment of any infectious disease. If you have a condition that places you at a higher risk of severe illness from COVID-19 (i.e. pregnancy, diabetes, chronic respiratory complaints), you are strongly encourages to abstain from clinical experiences at this time and should discuss alternatives with your Program Director.

Date_____Signature_____

Date_____Parent/Guardian _____

Participant Evaluation Form

Title of Activity: **Orientation Self-study for Non-Employed Workers**	Date:

We are interested in your evaluation of this program. Your feedback is extremely important in planning future educational offerings.

	Strongly Agree	Agree	Disagree	Strongly Disagree	NA
I am satisfied with this educational activity.					
Educational activity objectives were met.					
I am leaving today with specific ideas I can apply to my work within Scotland Health Care System facilities.					
This was an effective learning experience for me					
The information was given in a clear and concise way.					

For those items you marked "Agree", what would it take to move to "Strongly Agree"?

What aspects of this learning experience were helpful?

What did you learn that you plan to use in your work setting?

Send completed forms to Scotland Health Care System Staff Development Department.

CONSENT FOR MINOR TO PARTICIPATE IN SHADOW ACTIVITIES

This will authorize my/our child/ward _____, a minor to participate in such shadow activities at Scotland Health Care System, Laurinburg, NC, as from time to time may be prescribed by the hospital's Education Director or the designated representative. I (We) understand that my (our) child or ward services are donated to the hospital without contemplation of compensation or future employment.

I (We) release Scotland Health Care System and its employees from any claim of liability for any damages, injury or illness resulting to said minor, not occasioned by any fault or neglect on the part of the hospital, while participating in such shadow activities.

In the event said minor is in need of emergency medical treatment, I (we) authorize the Emergency Department physicians as my (our) agent to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of the hospital, whether such diagnosis or treatment is rendered at the office of said physicians or at said hospital. This authorization is given to provide in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of my (our) aforesaid agent(s) to give specific consent to any and all diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

_____   _____
Name (print & sign)   Date

_____   _____
Parent/Guardian Signature   Date

Send completed forms to Scotland Health Care System Staff Development Department.

COVID-19 Modes of Transmission

Most people get COVID-19 from other people, when in close contact (within 6 feet).

It spreads through droplets created when we talk, cough, sing, sneeze or breathe heavily.

These droplets enter the nose, eyes or mouth or when the infected droplets are inhaled.

In indoor spaces with inadequate ventilation, COVID-19 has spread to people who were more than 6 feet away.

Touching contaminated objects puts the droplets onto your hands. If you touch your face the droplets can enter your nose / eyes / mouth.

Infected people with minimal or no symptoms can spread COVID-19.

3

Symptoms of COVID

Often mistaken for allergies or a "regular cold"

Fever only present in about 1 in 3 patients

Common symptoms include:
- Cough
- Lose taste and/or smell
- Fatigue (feeling tired)
- Muscle Aches
- Sore/scratchy throat
- Fevers and/or chills
- Headache
- Shortness of breath
- Diarrhea, nausea and vomiting

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4

Who is at Risk for COVID-19 Infection?

People who work in healthcare settings have a higher risk of exposure and infection and are 4 to 7 times MORE likely to contract COVID than the general community

Risk factors for severe illness and death include:
- Over 65 years of age
- Other medical problems
- Obesity
- Pregnancy

Even young and healthy people can become very sick from COVID-19

COVID has a greater impact on racial and ethnic minority groups, specifically:
- Black/African American
- Hispanic/Latino

5

When to seek medical care

Generally, COVID-19 can be treated at home. If a person's condition worsens, call your doctor or a local health hotline before going to the hospital or clinic.

Signs that someone should seek medical care:
- Rising fever
- Worsening cough
- Increased trouble breathing
- Face or lips look blue
- Pain or pressure in the chest that does not go away
- Confusion or not able to wake up

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6

Elements of the Scotland COVID-Safe Environment

Screening

Symptom screening on arrival for patients and visitors

Social Distancing

- Signs to maintain physical distancing in waiting rooms, check-in lines, etc.
- Text messages to patients when ready for appointment
- Electronic tools for check-in

Physical Barriers

Many of our sites have installed cleanable solid barriers to try and provide separation for teammates in areas where they cannot maintain physical distancing from other people by 6 feet. Safety barriers are made available when requested.

Cleaning

We have made our cleaning processes more thorough and added new processes to ensure our buildings are safe

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9

Clean hands save lives

Anyone can spread germs, even those without direct patient contact. That's why it is important for all staff, even those with no patient contact, to wash hands frequently and appropriately.

At a minimum, all teammates should clean hands:

- Upon entering or leaving any facility, campus or property
- Before and after contact with patients or their environment
- Before putting on and after removing PPE
- After using the restroom
- After coughing, sneezing or blowing your nose

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10

Hand Hygiene

Alcohol based hand sanitizer or soap and water are effective against COVID-19.

All teammates should clean their hands before and after each patient contact, after contact with blood or body fluids and before putting on and upon removal of PPE, including gloves.

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11

Personal Protective Equipment (PPE)

Personal protective equipment (PPE) refers to protective clothing (gowns), gloves, face shields, goggles, facemasks and PAPR or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness.

When used properly,

- PPE acts as a barrier between infectious materials (such as viral and bacterial contaminants) and your skin, mouth, nose, or eyes (mucous membranes). The barrier helps to block transmission of contaminants from blood, body fluids, or respiratory secretions.

- PPE also protects patients who are at high risk for contracting infections from being exposed

- With other infection control practices such as hand-washing, using alcohol-based hand sanitizers, and covering coughs and sneezes, it minimizes the spread of infection from one person to another.

Effective use of PPE includes properly removing and disposing of contaminated PPE to prevent exposing both the wearer and others to infection.

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12

How to Wear a Surgical Mask

Make sure all patients, visitors and staff wear masks while in a Scotland Health facility. Your mask must securely cover your nose and mouth. Mold the nose wire to fit snugly along the top of the mask.

13

If you work in a patient care area..

All Associates should clean hands

1. Before and after each patient contact
2. After contact with blood or body fluids
3. Before putting on or after removing PPE, including gloves

N95/PAPR

Up to date fit testing for N95/Equivalent Respirator or access to PAPRs (powered air-purifying respirator) with document training.

EYE Protection

Protects eyes from splatters and should fit snuggly over and around the eyes or prescriptive glasses.

Gowns/Gloves

Put on a clean isolation gown upon entry into the patient room or area. Gloves protect you when directly handling potentially infectious materials or contaminated surfaces.

Patient Placement

At a minimum put a patient in a private room with door closed. For further instructions please refer to facility guidelines.

14

COVID-19 Prevention Summary

COVID 19 Prevention is essential to keep patients, visitors and healthcare workers safe. Prevention is multifactorial.

Screening all patients, visitors and staff for COVID symptoms

Following all components of COVID-safe behaviors at all times
- Social distancing
- Hand hygiene and environmental cleaning
- Appropriate use of PPE
- Do not work while sick

Increase vaccination rates to break chain of transmission

15

COVID-19 Resources

Scotland has designated an Occupational Health and Safety Specialists and Infection Prevention Specialist to assist associates with any additional COVID-19 Safety questions or concerns.

OSHA
Occupational Safety
and Health Administration

Tammy Holloway RN, BSN, COHN-S, CEAS1
Asst Director, Associate Health
Scotland Health Care System
500 Lauchwood Drive
Laurinburg, NC 28352
Office-910-291-7121
Work Cell-910-217-4339
Tammy.Holloway@scotlandhealth.org

Infection Prevention

Trudie Wilburn RN, BSN
Infection Preventionist
Scotland Health Care System
500 Lauchwood Dr.
Laurinburg, NC 28352
910-291-7059
trudie.wilburn@scotlandhealth.org

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16

COVID-19 Prevention Questionnaire

Directions:
Provide the best answer for each question on the COVID-19 Prevention Questionnaire Answer Sheet.

1. By answering yes below, I certify that I have completed the Scotland Health COVID-19 Prevention Course. I understand I am obligated to follow requirements that apply to my role. I further certify on a daily basis I will monitor myself for symptoms and I will not report to work in the event I am experiencing any symptoms of illness suck as cough, nausea, vomiting, diarrhea, difficulty breathing, fever (greater that 100.4 degrees), muscle aches, headache, sore throat, or new loss of taste or smell. If I experience any of the symptoms above, I will schedule an appointment with Teammate/Employee Heath for further evaluation.
   a) Yes
   b) No

2. Which list of symptoms are NOT symptoms of COVID-19?
   a) Cough, sore throat, fever
   b) Weight gain, anemia, dementia
   c) Loss of taste and/or smell, nausea
   d) Shortness of breath, headache, fever

3. I can't spread germs because I don't have direct patient contact.
   a) True
   b) False

4. Which risk factors may result in severe illness from COVID-19?
   a) People of 65 years old
   b) Pregnancy
   c) Obesity
   d) All of the above

5. COVID-19 is often mistaken as a common cold or allergies.
   a) True
   b) False

6. People with COVID-19 should seek medical attention for all of the following EXCEPT:
   a) Worsening symptoms, persistent high fever, inability to stay hydrated
   b) Loss of appetite, thinning hair, attention deficit disorder
   c) Breathing difficulty, bluish lips or face, confusion
   d) Pressure in pain or chest, inability to wake or stay awake

7. Stay home if you are sick and report your symptoms promptly to Teammate/Employee Health and your leader
   a) True
   b) False

8. People who work in healthcare settings have a higher risk of exposure and infection to COVID-19.
   a) True
   b) False

9. COVID-19 is passed to others by all EXCEPT:
   a) Through droplets in the air from a person who coughs, sneezes, breathes, talks, or sings
   b) By touching a contaminated surface and then transferring the virus to your eyes, nose, or mouth
   c) Through exposure to blood as a result of needlestick
   d) During close contact with a person who is asymptomatic

10. COVID-19 has a greater impact on racial and ethnic minority groups.
   a) True
   b) False

11. At a minimum, all teammates should clean hands:
   a) Before putting on and after removing PPE
   b) After using the restroom
   c) After coughing, sneezing, or blowing your nose
   d) All of the above

COVID-19 Prevention Questionnaire
ANSWER SHEET

Name:		Date:
Scotland Department/Unit/Facility		Agency/Employer/School

1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	

I have completed the COVID-19 self-study and am responsible for the content.

Date_____Signature_____