



Children's Hospital of The King's Daughters

Health System

Standards of Information

School/Student Affiliates

Temporary/Contract/Non-Employee Personnel

Introduction:

Health and safety is a top priority at CHKDHS. To support the delivery of safe patient care, CHKDHS provides the same basic safety education program that CHKDHS employees receive. CHKDHS wants you to know how to recognize emergencies and what to do to maintain a safe work environment for CHKDHS patients, families, and employees.

Instructions:

All affiliated students should complete this training prior to commencement of their rotation.

Temporary/Contract/Non-Employee Personnel must complete this training prior to working at CHKDHS.



INFECTION PREVENTION & CONTROL

General Information: It is important to practice good hygiene to prevent the spread of infection. Work environment should be cleaned regularly and items that are contaminated should be cleaned, disinfected, or sterilized according to infection prevention guidelines. Notify an employee, your instructor, or infection control if you are not sure how to clean or disinfect equipment or work environment. Know what to do if you find an infectious material spill.

Personal Illness: Illness can be an infection risk to patients, visitors and other employees. If you are ill, report your illness to your instructor/preceptor and/or manager before reporting to work. If you become ill while at the facility, notify the department supervisor and your instructor/preceptor. Do **not** come to the facility if you are ill, have draining wounds, an undiagnosed rash, or a fever unless the cause is due to a non-transmissible illness such as an earache.

Hand Hygiene is the single most important measure to protect patients, visitors, and employees from becoming ill or getting infections. Everyone needs to wash or sanitize their hands before and after patient contact, prior to preparing medications, after glove removal, before and after touching patient equipment, after blowing their nose, and after any unclean task and any other time hands become contaminated or soiled. Always wash your hands with soap and water before and after eating/drinking or using the toilet. Wash/Sanitize often!

Hand Washing: Wash hands when visibly soiled (may be used for all hand hygiene needs). Hand washing is performed by the following steps:

1. Wetting hands under running water.
2. Washing hands thoroughly for 15 seconds with soap and water between the fingers, under the nails, and wrists.
3. Rinsing soap off hands under running water.
4. Drying hands with a clean paper towel.
5. Turning off the faucet with a dry paper towel.
6. Disposing of the paper towel in the trash can.

Alcohol Based Hand Sanitizer: Alcohol based hand sanitizer dispensers are located throughout the facility and should be used to disinfect hands whenever they are not visibly soiled. Use the following steps:

1. Cup hand and dispense one full pump of solution into palm of hand.
2. Rub hands together and coat all surfaces of the hands including palms, between fingers, under fingernails and around wrists.
3. Rub hands briskly until dry (about 15 seconds)
4. Do not wave/blow on hands or wipe dry.

Waste disposal: Dispose of all waste in appropriate receptacle. Regulated medical waste (RMW) should be disposed of in a red biohazard bag and separated from other trash. RMW includes but is not limited to, items such as anything with free flowing blood or body fluids (e.g. blood administration tubing, tubes of blood, chest tube systems, contaminated dialysis tubing and dialysate, body tissues and fluids). RMW is handled and removed in accordance with local, state, and federal laws. Do not assist with medical waste removal unless you have received special training. Notify department management or personnel if you discover an infectious spill. Ask an employee for help if you are unsure if waste is RMW.

STANDARD PRECAUTIONS

Standard Precautions are an infection prevention and control practice and part of isolation guidelines developed by the Centers for Disease Control and Prevention to protect health care workers and patients. It is very important to know that Standard Precautions applies to **all patients, no matter what we know or don't know about their medical problem.** This means that anyone who thinks they may come in contact with blood, body fluids, urine, stool, saliva, nose drainage, damaged skin, and any other wet things (except sweat) from the human body should use: 1) equipment designed to keep us separated from the danger such as sharps containers 2) the written policy on how to perform various procedures and 3) the correct protective clothing and equipment (Personal Protective Equipment or PPE).

Designed to protect you from a variety of hazards, PPE helps guard your skin, eyes, mouth, and personal clothing from exposure to infectious germs. The facility provides any PPE needed to do your job. PPE include items such as gloves, gowns, masks, goggles, face shields, and shoe covers/boots. Know where PPE is located in your department and how and when to use them. Only wear PPE that is needed to protect you and others from being exposed. Notify department management or personnel if PPE is not fitting appropriately and another size is needed.

The Center for Disease Control and Prevention (CDC) has identified improper use of syringes, needles and medication vials in the transmission of bloodborne pathogens (BBP). Injection safety and other basic infection control practices are central to patient safety. Safe injection practices begin with aseptic technique. Hand hygiene is essential as is cleaning and disinfecting the surfaces where medications are prepared. Always remember to “scrub the hub” with alcohol and allow to dry prior to entering any medication vial or IV port. Each syringe and needle is for **ONE** patient. A new syringe, a new needle, or a new access cannula is required for each entry into a vial or IV bag, even for the same patient. Injection Safety means **ONE Needle, ONE Syringe, and Only ONE Time for each and every injection.**

Dispose of all sharps/needles in sharps containers immediately after use. Use safety sharps (shielded needles and syringes) or the needleless systems whenever possible. Do not recap needles, but if necessary use the one-handed technique. Never pick up a sharp from the floor by hand. Use forceps or a broom and dust pan. Report sharps injury and/or improper sharps disposal immediately to the department supervisor/manager.

TRANSMISSION-BASED PRECAUTIONS

Isolation of patients is a long established infection control practice used to decrease the risk of transmission of microorganism (bacteria, viruses, etc.). Current isolation involves a two-tiered isolation process: Standard Precautions and Transmission-Based Precautions (TBP). TBP are designed for patients documented or suspected to be infected with certain infections, conditions, or epidemiologically significant pathogens that require additional precautions to interrupt transmission in a healthcare setting. **TRANSMISSION-BASED PRECAUTIONS ARE ALWAYS TO BE USED IN CONJUNCTION WITH STANDARD PRECAUTIONS.** Follow the directions on specific TBP isolation signs to protect you from transmissible disease.

TUBERCULOSIS (TB)

TB is an infectious disease that usually begins in the lungs, but may spread to the brain, kidney, and spine as well as other areas of the body. Most people who are infected with TB will never get the active disease, but some could progress to disease. Taking medication after becoming infected decreases the chance of having the disease. In general, children who have TB are less likely than adults to be infectious.

In most people, TB can remain inactive for many years and show no symptoms. This is why a TB skin test (or PPD) or symptom screening is recommended annually for health care providers. The TB skin test may be indicated following exposure to a patient with TB.

CHKDHS is considered “low-risk” for the transmission of TB. If a child has a suspected case of TB, the child will be placed on isolation precautions in a single-patient room with special ventilation. Do NOT enter isolation areas unless cleared to enter the room.

RADIATION SAFETY

The facility uses radiation as an important tool for diagnosing medical problems. However, with this technology comes a minimal but potential risk for health care workers to be exposed to low levels of radiation when working with patients needing radiographic procedures. There is no known absolute harmless level of radiation, and no immediate symptoms from low-level radiation exposure, therefore unnecessary exposure should be avoided. Radiation exposure during pregnancy can also harm an unborn child. Precautions should be practiced when working with radiation.

At CHKDHS, procedures are in place to protect personnel from low-level radiation exposure. Personnel should be familiar with the universal symbol for radiation which identifies radioactive materials in the area. If assisting with radiographic procedures, stay behind the x-ray shield during the actual shooting of the x-ray. If not possible, use the appropriate leaded apron and/or gloves as instructed by the technologist. Keep exposure time to a minimum and avoid direct exposure to the x-ray beam.

For nuclear medicine studies, the patient is injected or ingests the material used for imaging. This material is called a radionuclide or radiopharmaceutical. X-rays are not used and the amount of radiation exposure is minimal. The patient becomes the energy source and gives off very low-level radiation, but those around the patient do not warrant any shielding precautions. For all inpatients, a yellow alert sticker stating “Nuclear Medicine Precaution” will be on the front of the chart and at the bedside. Instructions will be provided based upon the type of procedure and the type of radionuclide used. These instructions protect students, caregivers, and employees when providing care for the patient. In certain cases, pregnant personnel should limit the amount of time providing patient care. Urine and wet diapers may require special handling as stated on the instructions.

If you identify any radiation concerns or have any radiation questions, contact the Security Department (668-7162) who will contact the Radiation Safety Officer.

GUEST RELATIONS/CONDUCT

CHKDHS recognizes that an integral part of its commitment to excellent patient care is the manner in which service is delivered. CHKDHS expects that each person connected with the organization will understand the impact of his/her attitude and actions upon the patients, parents, physicians, visitors, and co-workers, and that he/she will demonstrate appropriate professional behavior and appearance at all times.

PATIENT/FAMILY RIGHTS AND RESPONSIBILITIES

It is the policy of CHKDHS to extend human rights, respect and courtesy to all patients and parents we serve. All parents/ guardians are advised of their rights and responsibilities at each encounter for admission or outpatient visit. Patient/Family Rights and responsibilities are available from the admitting department or outpatient clinic service areas.

CONFIDENTIALITY/PROPRIETARY INFORMATION

CHKDHS has a special responsibility to the patients we serve. Patient records, results of tests, diagnoses and other materials in our possession that are related to our patients must be held in strict confidence. No patient information shall be revealed to anyone outside of CHKD Health System without the written authorization of the patient or his/her parent or legal guardian, or a subpoena, court order or state statute.

Patient information must be held in confidence or on a need-to-know basis. Patient case discussion, consultations, examinations, and treatment are private and should be conducted discreetly. Do not share information with anyone not directly involved in the patient's care or treatment, unless approved by the hospital. And do not discuss confidential information in areas where it may be overheard (elevators, halls, and cafeteria). Employees, contract personnel, students, etc., must not abuse their access to confidential information or even worse, abuse their position to discover confidential information that their job does not require them to know.

To maintain patient confidentiality when using computers, clear your computer screens of information before leaving the screen. Turn computer screens away from unauthorized eyes. Patient related information with patient identifiers must be placed in shred-it boxes or shredded. Ask Department personnel about the proper disposal areas for patient information.

Release of Confidential Information

CHKDHS is committed to full compliance with all laws and regulations protecting privacy and confidentiality of patient information. To provide for the privacy and confidentiality of patient information/records and the health systems business records (paper or computerized), only parties with appropriate authorization and/or proper authority may have access to the information/records.

Medical Records Access and Security/Administrative Control

To safeguard confidential patient information in the interest of continuing patient care and to protect the legal interests, CHKDHS provides mechanisms whereby the location of each patient's medical record and related information is controlled, protected and accounted for at all times. Patient information cannot be copied or leave the facility without express written permission of the Director of Health Information Management. This includes electronic transmission of information also. For details on the compilation, storage and retrieval of medical records, refer to Corporate and Hospital policies 3400 - 3420.

Faxing/Emailing/Texting Confidential Information

Faxing or any type of electronic transmission of confidential information must adhere to the Corporate and Hospital policies and procedures related to the proper release of confidential information. Proper authorization must be obtained prior to faxing any confidential information or storage or transmission of electronic confidential information. Additionally, any email containing confidential information must be encrypted before sending to an outside party.

Computer, Internet usage, email and other Telephonic Communications

It is the policy of CHKDHS that the use of company computers (including but not limited to desktops, laptops, and tablets), internet/intranet connections, e-mail, and other telephonic communication devices and mail are reserved for the performance of CHKDHS business transactions.

Under no circumstances are personal devices to be used to photograph or record patients or PHI. If a job function requires taking photos or recordings of patients or PHI, this must be done with prior approval of the department director and in accordance with health system policy.

Nothing regarding patients or patient information is to be posted on any form of social media ever. If an individual feels something would be appropriate to post on social media, they must consult their supervisor as well as Public Relations.

Minors and Health Care Privacy Rights:

Pediatric facilities offer unique challenges in protecting the patient's right to privacy. In general, a minor is an individual under the age of 18 years. The minor's legal guardian(s) makes the decisions about the use and disclosure of the minor's protected health information. Parents may differ on how they want confidential health information handled. Unless a parent has lost his/her parental rights, both parents have the right to health information about their child. If one parent does not want health information shared with the other parent, a court order must be provided that states the parent has lost his/her parental rights. A parent with any degree of custody has the right to authorize release of the minor's health information to a third party (such as release to a school). If a parent does not have custody, but has not lost his/her parental rights, that parent retains his/her right to access the minor's health information.

Protected health information is not shared with other family members (aunts, grandparents, siblings, etc.) and friends unless the legal guardian has authorized release. However, if other family member s or a friend is involved in the care of the minor and the legal guardian(s) has given permission, a health care provider may give health information to that family member or friend, but the information must be limited to what is necessary for care of the minor.

Confidentiality Obligations: In the course of your presence in our Facility, you may be exposed to federally Protected Health Information (PHI) and other Confidential Information including but not limited to; all patient information, all information, data, reports, records, summaries, tables and studies, strategic and development plans, financial condition, business plans, co-developer identities, customer lists, employee lists and business manuals, whether written or oral, fixed in hard copy or contained in any computer data base or computer readable form as well as any information identified as confidential ("Confidential") of the CHKDHS.

School/Student Affiliates and Temporary/Contract/Non-Employee Personnel must abide by the Standards for Privacy of Individually Identifiable Health Information (IIHI). The Privacy Regulations (45CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and State Laws including but not limited to the following:

- (i) School/Student Affiliates are responsible to protect PHI and other confidential information, and a breach of confidentiality may make you and the School subject to legal action and forfeiture of the Affiliation Agreement. Immediately report any breaches or confidentiality complaints to CHKDHS management,
- (ii) Not use or disclose PHI and other confidential information to any third party,
- (iii) Only access PHI and other confidential information for which you have a need to know, and the permitted use is limited to the minimum needed in connection with performance of affiliation duties,
- (iv) Validate all PHI belongs to the correct patient before releasing to a parent or guardian to ensure no unintended disclosures of PHI
- (v) Federal and State laws governing PHI of minors,
- (vi) Obligation to keep PHI and other confidential information confidential such as:
 - a. Conversations concerning confidential information must take place in a manner so that the information remains confidential.
 - b. Confidential information gained through incidental access is not to be shared with anyone. Incidental access that could be considered a breach of confidentiality MUST be reported to CHKDHS management.
 - c. Unless expressly permitted by prior written approval of the Facility, no PHI/IIHI shall be removed from Facility by any School Students or personnel.
 - d. The proper disposal of confidential information requires that the information is rendered unrecognizable. Confidential disposal bins are available throughout the Facility for use.
 - e. Confidential information will be de-identified for the purposes of developing oral, written reports required for completion of program requirements.
 - f. Copying, transmitting, using or disclosing confidential information will not be permitted.
 - g. Maintain confidentiality when using computers. Refer to Corporate Policies C7000–7016, Human Resource Policies, and employee handbook posted on KDnet.
 - NEVER share password
 - Clear computer screens of information before leaving the screen
 - Always sign off/log-off of all applications before leaving a computer workstation
 - Turn computer screens away from unauthorized eyes
 - Report any suspicious activity involving computers or the computer network to Information Services (757-668-7075).
- (vii) You must cooperate fully with the facility in any review/investigation of an actual or potential breach in patient privacy.

DRESS CODE

School/Student Affiliates and Temporary/Contract/Non-Employee Personnel are expected to be dressed and groomed in a professional manner appropriate. Radical departures from conventional dress or personal grooming are not permitted.

Examples of appropriate dress include but are not limited to the following:

- Professional attire that is color coordinated and of proper size and fit
- Women’s attire may be worn up to 2 inches above the knee
- Split skirts or city shorts may be worn with coordinated hose and dress shoes
- Undergarments will be worn and concealed by the outer clothing
- Skirts and dresses will be worn with hose. Pants may be worn with socks or hose
- Hair will be clean, combed and neatly trimmed/arranged
- Nails will be trimmed and manicured
- Anyone with patient contact must be sensitive of odors or smells that may be offensive or irritating to our patients or their families.

Examples of inappropriate attire include but are not limited to the following:

- T-shirts with logos, sweatshirts, undershirts, tank tops
- Jeans (ragged or work), sweatpants, casual shorts, and other items considered to be exercise attire
- Attire that is backless or strapless
- Sandals

IDENTIFICATION

Proper identification must be worn and openly displayed on clothing above the waist level upon entering and within CHKDHS facilities. Identification will include first and last name, school/vendor/organization with discipline and school name. Students and faculty must introduce themselves to patients and guardians with proper identification prior to observing or providing services.

DRUG AND ALCOHOL FREE WORKPLACE

CHKDHS is committed to being a drug and alcohol free workplace, and will maintain compliance with the Drug-Free Workplace Act of 1988. The following activities are prohibited:

- Unlawful or unauthorized manufacture, distribution, dispensing, possession, sale, transfer or use of illegal substances.
- Misuse of a legal substance during rotation hours or on Company controlled premises
- Possession or use of alcohol during rotation hours or on Company controlled premises

TOBACCO FREE ORGANIZATION

It is the policy of the Children's Hospital of The King's Daughters Health System (CHKDHS) to provide a tobacco free environment. Tobacco products include but are not limited to traditional cigarettes, electronic cigarettes, cigars, pipe, chewing tobacco, etc. Smoking is prohibited in buildings occupied by CHKDHS. The use of tobacco products is prohibited:

- On premises owned or leased by the health system
- On property maintained by the health system, whether leased or owned, adjacent sidewalks, parking lots, garages, picnic areas, entryways, crosswalks, ramps and grassed areas
- In all vehicles owned, leased or rented by the health system
- In all employee, physicians, medical staff, contractors, subcontractors, volunteers, students, vendors or visitors personal vehicles when parked on health system property

CELLULAR PHONE USAGE

Cellular phone usage for personal purposes is limited to the lobby, department break rooms and other designated areas as assigned by management. Personal cell phones can only be used while on break or lunch in the designated areas and should be in the off position during all other student rotation times. Cell phone calls should not be conducted in hallways or open areas.

PARKING INFORMATION

Parking is not provided by CHKDHS for student rotations/employee guests. Pay lots are available around the campus (approximately \$8.00/day subject to change without notice) or you may choose to park on nearby city streets.

EQUAL OPPORTUNITY EMPLOYMENT

CHKDHS provides equal employment opportunity to all employees and applicants for employment. No person shall be discriminated against in employment because of race, color, religion, sex, age, national origin, and disability, sexual orientation or veteran status.

SEXUAL HARASSMENT AND OTHER TYPES OF HARASSMENT

Harassment based on race, color, national origin, sex, religion, age or disability is a form of discrimination. It is unlawful under Federal law and may violate State law as well. CHKDHS strictly prohibits offensive or inappropriate sexual behavior on the part of its employees, professional staff, independent contractors, vendors, student, faculty and visitors.

CORPORATE COMPLIANCE

CHKDHS has a confidential corporate compliance hot-line/help-line for anyone who has a compliance concern or problem and wishes to discuss anonymously. The hot-line may be utilized to report suspected violations of CHKDHS policies and procedures. The corporate compliance hot-line number is 1-877-373-0128.

PATIENT SAFETY

The health and safety of our patients is always a top priority at CHKDHS. Patient safety is integrated into our mission, values, and strategic imperatives. CHKDHS is dedicated to fostering an interdisciplinary approach to the delivery of safe patient care. To support these goals, CHKDHS has a formal Patient Safety Plan.

The Patient Safety Plan provides a framework for an organization-wide program designed to improve patient safety and reduce risk to patients at our facility. It guides an integrated and coordinated approach to our patient safety program involving all activities within the organization that contribute to the maintenance and improvement of patient safety. The Patient Safety Plan applies to everyone at CHKDHS including patients, professional staff, residents, employees, volunteers, students, affiliates and contract employees.

Key program elements include identifying and analyzing systems and processes to manage real and/or potential risks to patient safety, utilizing error reporting and feedback system, conducting proactive risk assessments, collecting patient/family and staff feedback regarding patient safety, and providing patient safety education.

CHKDHS patient safety program focuses on improving systems and processes by implementing safeguards to prevent errors from reaching the patient when they occur. Effective patient safety programs require that each individual in the organization be knowledgeable about issues surrounding patient safety and have a personal commitment to improving patient safety. A vital part of our program involves teamwork and communication. Therefore, patient safety behaviors are expected of everyone.

To foster a culture of safety, behavior expectations include:

- Making a Personal Commitment to Safety
 - **ARCC**
 - Ask a question
 - Request a change

- Concern – voice a concern
 - Chain of command
 - **STAR**
 - **STOP:** Pause for a moment
 - **THINK:** Focus on the act
 - **ACT:** Perform the act
 - **REVIEW:** Check for desired results
- Communicating Clearly, Completely, and with Respect
 - **SBAR**
 - **Situation:** What is the problem, patient or project?
 - **Background:** What is important to know?
 - **Assessment:** What is your evaluation?
 - **Recommendation:** What action needs to take place?
 - **3-Way Communication** - Clarify question (numeric or phonetic)
 - **Standardized Handoff**
- Having a Questioning Attitude
 - **QVV**
 - **Qualify** the source (do I trust this source)
 - **Validate** the content (does it make sense to me)
 - **Verify** your action (check with an expert)
 - **Stop and Resolve** – Don't proceed in the face of uncertainty

THE JOINT COMMISSION (TJC) National Patient Safety Goals (NPSG) and Standards
 (Refer to The Joint Commission Manual for a comprehensive explanation of each NPSG)

<p>Goal 1 Improve the accuracy of patient identification.</p>	<ul style="list-style-type: none"> ➤ At least two patient identifiers must be verified whenever administering medications or blood products, obtaining specimens for clinical testing, or providing any other treatments or procedures. The first and last name and Medical Record number are used for identification of children with an identification bracelet. The first and last name and birth date are verified in areas where identification bracelets are not used. ➤ All specimens must be labeled at the point of collection with the correct two patient identifiers. Patient's room numbers or physical location is not to be used as identifiers. ➤ A double check verification process will be conducted prior to administration of blood or blood components in the presence of the patient.
<p>Goal 2 Improve the effectiveness of communicating among caregivers.</p>	<ul style="list-style-type: none"> ➤ Critical test results are promptly and accurately reported to appropriate personnel within an established response time and the notification process is documented in the medical record. The timeliness of this reporting is monitored.
<p>Goal 3 Improve the safety of using medications.</p>	<ul style="list-style-type: none"> ➤ Label all medications, medication containers (e.g. syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings. ➤ Medication reconciliation, used to communicate accurate patient medication information, occurs at admission, transfer from one level of care to another, and at discharge from the inpatient or outpatient setting. ➤ To reduce the risk of patient harm with anticoagulant therapy, use only oral unit-dose products, prefilled syringes, or premixed infusion bags when these types of products are available. Use approved protocols for the initiation and maintenance of anticoagulant therapy.
<p>Goal 6 Reduce the harm associated with clinical alarm systems</p>	<ul style="list-style-type: none"> ➤ The hospital identifies important clinical alarms and develops a standardized approach to clinical alarm management.
<p>Goal 7 Reduce the risk of health care-associated infections.</p>	<ul style="list-style-type: none"> ➤ Hand hygiene is critical to patient safety. An approved hand sanitizer product is available for frequent use and is an effective way to decontaminate your hands when they are not visibly soiled. ➤ Prevent multi-drug resistant organism infection by using appropriate isolation precautions for specific multi-drug resistant organisms. ➤ Prevent central line-associated blood stream infections by using the approved Central Line Bundle and Central Catheter Insertion Team Checklist for all central line insertions and maintenance. ➤ Prevent Surgical Site infections by adhering to practices that minimize the risk of surgical site infections as regulated by the CDC, Association of perioperative Registered Nurses (AORN) and Infection Prevention & Control.
<p>Goal 15 Identify patients at risk for suicide</p>	<ul style="list-style-type: none"> ➤ Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide ➤ Address the patient's immediate safety needs and most appropriate setting for treatment ➤ When a patient at risk for suicide leaves the care of the hospital, provide suicide prevention information (such as crisis hotline) to the patient and his or her family.

Universal Protocol for preventing wrong site, wrong procedure and wrong person surgery	<ul style="list-style-type: none"> ➤ Prior to the start of any surgical or non-surgical procedure, verification for correct procedure for correct patient and the correct procedure site occurs and is documented. Patient and families are involved in the verification process if possible. <ul style="list-style-type: none"> ○ Conduct a pre-procedure verification process ○ Mark the procedure site ○ Perform a time-out before all procedures
<p>Verbal orders - Only approved personnel may take verbal orders. All verbal orders will be documented immediately and read back to the provider. Provider will acknowledge order for accuracy. Document “R&A” for read back and acknowledged once physician has verified verbal order.</p> <p>Communication between Caregivers - To maintain a culture of safety and continuity of care, pertinent patient information will be communicated between caregivers during transfer of care.</p> <p>Non-Accepted Abbreviations - To decrease the potential for misinterpretation, CHKDHS has developed a list of unapproved abbreviations located on KDnet.</p> <p>Sound-alike, Look-alike drugs (SALADs) - Look-alike/sound-alike drugs are identified and a process is in place to prevent errors involving these drugs. For example, they are stored in different drawers/bins in the PYXIS system.</p>	

CULTURALLY COMPETENT CARE

At CHKDHS, culturally competent and sensitive care is provided by understanding, appreciating, and respecting cultural differences, behaviors, values, ethics and religious beliefs. The delivery of care is tailored to meet the patient’s/families social, cultural and linguistic needs to assist the individual in meeting their desired level of health and well-being.

CULTURAL CONSIDERATIONS			
Communication	Language spoken at home. Understanding of English spoken versus written. What is the preferred language for discussing health care? Is an Interpreter needed?	Dietary Practices	Restricted foods or special food preparation requirements. Special foods believed to cause or cure illness? Required food fasting?
Health Beliefs	How does the family define and what feelings or attitudes surround health and illness or death? Who makes decision about health practices in the family? Are there cultural practices and traditions that restrict types of care sought?	Family Characteristics	Decision maker. Composition of family unit. Discipline, punishment and affection practices. Attitude toward children. Emotional exhibit or behaviors.
Religious Practices and Rituals	Religious preference? Practices and rituals that may impact care. Special rituals or ceremonies attached to birth, illness, baptism, puberty or death?	Sources of Support	Ethnic or cultural organization membership. Faith group membership or spiritual advisors.

AGE-SPECIFIC CARE

At CHKDHS, care is provided for children of all ages. Patients include premature babies, infants, toddlers, preschoolers, school-aged children, adolescents, and young adults. However, all children cannot be cared for in the same manner. Each stage of a child’s development has very different needs, therefore it is important to communicate and provide explanations based on the child’s age and ability to understand. Safety measures vary based on the child’s coordination and motor skills.

At times, care is provided for children that are mentally and/or physically challenged. Their skills and abilities may differ from the skills and abilities of other children their age. In these cases, plan for and provide care based upon the child’s developmental abilities and not their age.

Stage of Development	Ways to Provide Age Appropriate Care
Premature/ Neonate (Preterm birth to gestation plus 30 days)	<p>Communication/Explanations: Provide directly to parents</p> <p>Coping Interventions: Premature babies are easily stressed by procedures. Keep procedure time to a minimum and group care to allow rest periods. Hold fingers and/or stroke head.</p> <p>Toys/Activities: When appropriate, small wipe able toys may be placed in incubator. No toys allowed in open crib.</p> <p>Safety Interventions: Premature babies lose body heat quickly which makes their temperature drop dangerously low. Keep them covered and warm as much as possible.</p>
Infant (birth to 1 year)	<p>Communication/Explanation: Infants use non-verbal communication (e.g. crying, looking around, and smiling). Smile at infant and respond to infant’s signals. Provide information/education to parents.</p> <p>Coping Interventions: Keep parent in infant’s view during procedures if possible. Encourage parents to stay with infant when possible. Help infant cope with stress through hugging and holding.</p> <p>Toys/Activities: Play interactive games (e.g. pat-a-cake or peek-a-boo). Provide brightly colored or soft toys for play. Attach a busy box or nonbreakable mirror to the crib.</p> <p>Safety interventions: Keep side rails up at all times unless direct care is being given. Maintain hand contact if turning away to obtain an item. Utilize appropriate restraints in high chairs, strollers, or other equipment. Screen toys for small parts, sharp points/edges, and other unsafe features. Keep infant’s areas free of small items that could easily be swallowed or may cause choking. Maintain a safe sleep environment and position the infant on their back for sleep.</p>

Stage of Development	Ways to Provide Age Appropriate Care
Toddler (1 to 3 years)	<p>Communication/Explanation: Toddlers have limited verbal communication and depend on gestures, crying, and smiling for communication. When approaching toddlers, establish rapport with parent, then approach toddler. Explanations should be brief and direct. Information about procedures should be provided to toddlers just prior to procedure.</p> <p>Coping Interventions: Allow toddler to sit on parent’s lap during procedures, if possible. Help toddler cope with stress through distraction and/or comfort holds. Tell toddler “all done” when a procedure is over. Allow choice when choice exists, but limit to two choices. For example, “Do you want to sit on the table or in your mommy’s lap?”</p> <p>Toys/Activities: Provide toys (e.g. dolls, stuffed toys, puppets, fill and dump containers). Read books.</p> <p>Safety Interventions: Provide supervision while the toddler is out of bed and during meals. Allow only safe and age appropriate toys. Keep cleaning products, mop buckets, and medicines stored out of the reach of toddlers. Do not leave toddler unattended in bathtub. Provide skid-proof shoes/slippers for ambulatory toddlers.</p>
Preschooler (3 to 6 years)	<p>Communication/Explanation: Preschooler is beginning to develop language skills. Speak to preschoolers in familiar terms (such as the family’s word for urination). Preschoolers have vivid imaginations, avoid words/phrases that have dual meanings (e.g. “coughing your head off”, “a little stick in your arm”, or “dye”). Use dolls/stuffed animals to describe procedures. Explain how things feel, smell, and taste in short, simple terms immediately prior to the procedure.</p> <p>Coping Interventions: Provide positive reinforcement through praise and tangible items (e.g. stickers). Help child express angry or fearful feelings through play. Allow for choice when choice exists.</p> <p>Toys/Activities: Preschoolers have an increasing interest in pretend play. Offer toys such as dolls, stuffed animals, dress-up items, crayons, fingerpaints, and large puzzles.</p> <p>Safety Interventions: Keep side rails up. Do not leave preschooler unattended in bathtub. Provide skid-proof shoes/slippers for ambulatory preschoolers.</p>
School-aged (6 to 12 years)	<p>Communication/Explanation: School-age children want explanations. Increasing vocabulary allows school-aged children to grasp the meaning of information provided. When answering questions, provide the how, who, when, where, and why. Prepare child in advance for procedures using correct medical terms and simple diagrams of anatomy and physiology. Allow child to examine and handle equipment used during procedures.</p> <p>Coping Interventions: School-aged children are motivated to do a good job. Have them help you or give them a “job” to do. Praise child for accomplishing expected behaviors (e.g. “You really held your arm still. Great job!”). Help children cope with stress through talk and provide interventions that protect their privacy.</p> <p>Toys/Activities: Activities include reading, crafts, board games, and puzzles.</p> <p>Safety Interventions: Maintain bed in low position with wheels locked to prevent falls. Instruct children to wear skid-proof shoes/slippers when ambulatory.</p>
Adolescent (12 to 18 years)	<p>Communication/Explanation: Adolescents commonly use slang/jargon. Clarify with adolescent if unclear about the meaning of a term. Use a variety of scenarios and “what if” questions to facilitate discussion. Determine when to talk to adolescents and parents together or separately. When appropriate, communicate directly with the adolescent and maintain confidentiality.</p> <p>Coping Interventions: Peer relationships are very important so provide opportunities for socialization. Maintain adolescent’s privacy. Provide opportunities to discuss fears and concerns.</p> <p>Toys/Activities: Provide activities such as television, electronic games, books, and peer activities.</p> <p>Safety Interventions: Maintain bed in low position with wheels locked to prevent falls. Instruct adolescents to wear skid-proof shoes/slippers when ambulatory.</p>
Young Adult (18 to 21 years)	<p>Communication/Explanation: Young adults have the legal right to consent for procedures. Provide information about Advance Directives.</p> <p>Coping Interventions: Support from significant other may be important. Provide opportunities to discuss fears and concerns.</p> <p>Activities: Provide activities such as television, electronic games, and books.</p> <p>Safety interventions: Instruct young adult to inform staff when leaving the area.</p>

EMERGENCY RESPONSE PROCEDURES:

FIRE RESPONSE: RACE

- **R** - Rescue anyone in immediate Danger
- **A**- Alert/Alarm verbal or pull fire alarm
- **C** – Contain by closing doors and windows
- **E** – Extinguish with a fire extinguisher if possible or Evacuate

EXTINGUISHING A FIRE: PASS

- **P** – Pull the Pin
- **A** – Aim the nozzle at the base of the fire
- **S** – Squeeze the handle
- **S** – Sweep at the base of the fire side to side

COMMON LANGUAGE EMERGENCY ALERTS:

- **Facility Alert** – Any event that impacts the building integrity and safety (e.g. fire, severe weather warning)
- **Security Alert** – Any event that requires heightened security behaviors from all staff (e.g. missing person, altercation, active shooter)

- **Medical Alert** – Medical emergencies in which a designated team responds to an identified area (e.g. adult or child in cardiac or respiratory arrest)
- **Unannounced Alerts** – Events managed by AMCOM Alert to designated response team (e.g. hazardous material spill, suspicious package or bomb threat).

SAFETY DATA SHEETS (SDS):

All service areas have SDS accessible through KDnet. SDS communicates the hazards of hazardous chemical products and informs you on how to respond to a hazardous substance or chemical exposure. CHKDHS will provide the proper PPE for hazards in the workplace. Prior to working with any hazardous substance or materials, personnel are responsible for reviewing the SDS, wearing appropriate PPE, and understanding how to properly respond to an exposure.

EQUIPMENT SAFETY:

Equipment cannot be used by personnel until they have been trained in the proper use of the equipment. Inspect all equipment for electrical safety prior to use and report equipment malfunctions promptly to the area supervisor/manager.

According to the Safe Medical Devices Act, CHKDHS is required to report all patient deaths or serious injuries caused by a medical device or improper use of a medical device. CHKDHS is also required to report all malfunctioning medical devices that could potentially cause patient death or serious injury.