

# Student Orientation Booklet



INTERMOUNTAIN  
HEALTH CARE

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# IHCHS Student REQUIREMENTS

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<sup>1</sup>Students must meet the following requirements prior to beginning their experience at Intermountain Health Care Services (IHCHS).

## 1. Education Affiliation Agreement

Students must be covered by a current contract with IHCHS. You may contact the school or the IHCHS Facility Specific Contact to verify this contract. (Please reference to the Resource List found in the Forms Packet for facility specific contact.)

## 2. Accredited Educational Programs

Students must be from educational programs that are accredited by National or State accrediting bodies.

## 3. Verification & Documentation

The Educational Program (college, university, school) must have on record verification or documentation of the following items:

- Immunizations
  - Show proof of 2 Measles-Mumps-Rubella (MMR) immunizations or testing (positive antibody titer) to show immunity
- Verification of TB testing in the past year
  - Each Student / resident is required to have an annual screening for tuberculosis by an intradermal PPD test. Students that are PPD+ need to show that they have had an adequate work-up for tuberculosis and are currently not communicable. (chest x-ray report, Physician, or Health Department note).
- Varicella (Chicken pox) immunity or immunization
  - Verification can be either by documentation of having had the disease (parent or student may confirm history of the disease), immunizations (1 immunization if vaccinated before 13 years of age or 2 vaccinations if after 13 years of age), or positive titer.
- Hepatitis (3 doses) series
  - Any Student / resident who works directly with patients or body fluid specimens is required to have completed a 3 dose series of Hepatitis B vaccine.
- Influenza vaccine
  - IHCHS encourages (but does not require) the Student / resident who works at an IHCHS facility in the winter months to have a current influenza vaccine.
- Background check (if 18 years of age or older)
- Drug screen (if 18 years of age or older)
  - Requirements are based on the age at which the student begins the experience (i.e. HS student turning 18 during the school year is exempt from drug screen & background check)

## 4. Read the Student Orientation Booklet

The Student Orientation Booklet provides a list of student responsibilities and specific limitations regarding performable skills allowed by students in IHCHS facilities. As part of the school's affiliation agreement with IHCHS, students are subject to general rules, policies and regulations of the facility, which can be found herein.

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<sup>1</sup> The term student is general and does not refer to the level of medical intern known as a "Student".

As each facility is different, an asterisk (\*) will be placed at the beginning of each topic area to indicate that the topic being discussed will vary from facility to facility. Please refer to your facility resource list to determine the correct procedure for the topic.

## **5. Complete the Forms Packet**

Along with this booklet, you should have received a Student Forms Packet. The following items are provided in the Forms Packet.

- Student Profile
- Student Orientation Quiz
- Confidentiality Agreement
- HIPAA Agreement
- Facility Resource List

With the exception of the Resource List, all items must be completed and turned into the IHCHS Facility Specific Contact in order for your student experience to begin.

## **6. Receive Name Badge**

Work in conjunction with your student coordinator to obtain a student ID badge or name badge. The ID badge may be utilized in all IHC sites of service during your semester rotation. Instructions on facility specific badge identifiers or where to return badges after your semester rotation is completed will be provided to you by the student coordinator when you receive the badge.

## **7. Meet Stated Requirements**

Students may begin their IHCHS experience once the above requirements herein have been met and documented via the forms provided.



# INTRODUCTION

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## Welcome

Welcome to Intermountain Health Care Health Services (IHCHS)! We are delighted to have students interested in the health care industry. We hope you have a wonderful experience throughout your placement with IHCHS.

IHCHS is a premiere, not-for-profit health care system of doctors, hospitals and health insurance plans dedicated to providing high quality health care. IHCHS combines the financial, administrative and delivery aspects of health care into one integrated network that is nationally renowned for providing high quality, low cost care. IHCHS was created as a charitable, nonprofit, nondenominational system governed by community leaders who serve as volunteer, unpaid trustees.

As part of a nonprofit system, IHCHS's facilities provide care to all those with a medical need, regardless of their ability to pay. IHCHS provides millions of dollars in charitable assistance to people who need health care but are not able to pay for it.

IHCHS employees are expected to exhibit behaviors consistent with the IHCHS Mission, Vision and Values. The same is expected of Students in our facilities. Please see the following.

## The IHCHS Mission

Excellence in the provision of health care services to communities in the Intermountain region.

- Excellent service to our patients, customers and physicians
- Integrity in the provision of services
- Valuing our employees as our most important resource
- Serving the diverse needs of the communities in our service area

## The IHCHS Vision

- Best clinical practice delivered in a consistent and integrated way
- Lowest appropriate cost to the population we serve
- A service experience supported by systems and processes that focuses on the patient and enrollee
- Genuine caring and concern in our interactions with patients, enrollees, families, and one another

## The IHCHS Values

### MUTUAL RESPECT

"We treat each other the way we want to be treated."

### ACCOUNTABILITY

"We accept responsibility for our actions, attitudes and mistakes."

### TRUST

"We can count on each other."

### EXCELLENCE

"We do our best at all times and look for ways to do even better."

## The IHCHS Commitments

- Maintaining an environment where patients are served with dignity, respect and a genuine caring and concern for their physical and emotional well-being.

- Providing a cost effective setting for patients to receive a continuum of primary, secondary, and selected tertiary health care through inpatient, outpatient, emergency and outreach services.
- Serving medically indigent patients who are in need of care regardless of race, sex or religion.
- Being a market leader in the provision of services that meet community needs.
- Serving as a major educational resource to the professional and lay communities for the dissemination of information on current health issues.
- Playing a leadership role in the development and maintenance of cooperative and managed relationships with IHCHS entities and with other health care providers.
- Creating a participative atmosphere, which encourages employees and other health care professionals to develop skills and abilities to the fullest potential.
- Maintaining and enhancing strong relationships with high quality, cost-conscious physicians.
- Maintaining the financial strength necessary to fulfill the hospital's mission.

## Student Hotline

If at any time, you feel that IHCHS is not measuring up to the stated mission, commitments or values, please call the IHC compliance hotline at 1-800-442-4845 and leave a message. Your concerns will be addressed.



# ROLES & RESPONSIBILITIES

## IHCHS Facility Role / Responsibility

IHCHS is affiliated with many universities, colleges and technical programs. Students of various levels will be accommodated. Students are not employees of IHCHS and as such are not eligible for workers' compensation or other benefits otherwise available to employees of IHCHS.

The IHCHS Facility will:

- Accept any student / resident otherwise qualified without discrimination of race, sex, creed, national origin, or religion
- Plan with educational entity to provide learning experiences for student / resident to fulfill the objectives of the field instruction. Placements will be coordinated with and assigned through the facility-designated representative.
- Orient student / resident to IHCHS's mission, philosophy, and general physical structure and inform student / resident of facility rules, policies and regulations with which they are expected to comply.
- Support an IHCHS facility orientation prior to the learning experience. Provide speakers and materials as needed for appropriate student / resident orientation.
- Provide for the overall supervision of the student / resident based upon program objectives and student / resident needs.
- Provide instructional data as mutually agreed upon between the IHCHS facility and the educational entity, such as patient records and general information as appropriate to facilitate student learning.
- Retain responsibility for patient care, recognizing that student / resident will not replace IHCHS staff or give service to patients apart from its educational value.

- Have the right to dismiss a student from the clinical rotation for cause, including but not limited to, patient endangerment.

## Student Role / Responsibility

Student / residents are expected to act professionally and refrain from making comments, gestures, or acting in any manner, which can be construed as harassment towards other employees, patients or patient's families.

The student / resident will:

- Adhere to general rules, policies, and regulations of the IHCHS Facility.
- Work in collaboration with staff members who retain responsibility for the patient.
- Preceptors or responsible staff member in patient care areas will introduce the student appropriately to patients and ask the patient's permission to participate in their care.
- Receive patient information as per unit protocol and keep the staff informed of patient status.
- **Immediately** inform the patient care provider of significant changes in a patient's condition
- Wear a nametag indicating student status.
- Students will respectfully support the patient's rights and will inform the patient care provider immediately whenever a patient requests the student not participate in their care.
- Not give any medication (PO, IV) or perform any invasive procedures unless the instructor or employed patient care provider is providing direct supervision (physically standing next to student).

**Exception:** Nursing students in the final semester of their educational program may, with approval of their instructor and with oversight of their preceptor, administer medications independently after verifying the correct medication, dose, route, time, and patient.

- Work within student's level of education, seeking direction and validation from the staff or his/her instructor. If the student is not able to competently perform the skills assigned, he/she must inform the care provider. Seek guidance as needed to perform skills.
- Utilize the materials and/or orientations provided to become knowledgeable of facility safety procedures.
  - Know how to handle emergencies, hazardous materials contact, or disasters
  - Know of and follow facility security, safety, and infection control procedures
  - Students giving direct patient care should be CPR certified

## Supervising Students In Patient Care Areas

The instructor and IHCHS patient care provider will assess the student's competence level to ensure patient safety and determine appropriate supervision. Students may perform high-risk skills only if there is direct supervision (instructor or IHCHS patient care provider physically standing next to the student).

High-risk skills include but are not limited to:

- Administration of ALL medications  
(See Student Roles & Responsibilities in previous section for exceptions)
- Invasive procedures (including IV insertion)
- Complex wound care
- Inserting tubes
- Transporting sedated or fragile patients
- Blood administration
- Any high-risk skill identified by the facility or the student's educational program
- Chest tube removal
- Pacing wire removal

If the student's competence level is below the expected clinical experience objective, the patient care provider will report to the instructor.

## Students under the age of 18

Students under the age of 18 years cannot participate in hands-on patient care. However, they are allowed limited observation if enrolled in a qualified program, such as Work Based Learning (WBL) or CNA / MA curriculum. Supervised social contact is also allowed between the student and the patient when appropriate.

Clinical areas students under the age of 18 years cannot observe in are:

- Operating Rooms. Students are allowed on observation decks, but not in the O.R. itself.
- Labor Rooms. Though students are allowed on the nursing unit they cannot watch live deliveries.
- Emergency Rooms
- Any location in which blood or body fluid splashes are likely or in which the spread of infection is a major concern as defined by the facility/region
- Any location where an invasive procedure is performed as defined by the facility/region



## PATIENT RIGHTS & RESPONSIBILITIES

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IHCHS outlines the rights afforded to each person who is a patient in our facilities. This *Patient Rights and Responsibilities* document discloses IHCHS's commitment to an environment of trust—an environment where patients can feel comfortable and confident with the sensitive care they receive. As a student, you have the responsibility to help IHCHS carry out this commitment.

The *Patient's Rights Policy* has been adopted to promote quality care with satisfaction for the patient, the family, the physician, and the staff, regardless of race, color, religion, sex, age, national origin, physical or mental disability, veteran status and/or the ability to pay. *Patient Rights and Responsibilities* signs are posted in English and in Spanish throughout the IHCHS facilities.

The company-wide *Patient Rights and Responsibilities* document includes 19 Patient Rights and 7 Patient Responsibilities. Some areas within IHCHS have slightly modified versions of the Rights and Responsibilities that are more specific to their patients, residents, or members. If you have questions regarding these modified versions, please contact your instructor, the department director or the facility compliance coordinator. Each facility has a compliance coordinator to address concerns in this area.

(\* ) It is the student's responsibility to locate the Patient Rights and Responsibilities posted in the IHCHS facility and become familiar with them.



## QUALITY SERVICE

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Working in health care gives you special responsibilities to the people you work around. Your behavior should reflect the values of IHCHS at all times. Following are the Service Quality Standards to help you deliver excellent service to those you will be working with.

# **Service Quality Standards**

## **Present yourself professionally**

- Follow the IHCHS Professional Image Standards (see following section)
- Wear your ID Badge – make it clearly visible
- Be friendly and courteous

## **Make a positive first impression**

- Acknowledge people immediately, as they enter your work area.
- Make eye contact and smile when you greet others
- Introduce yourself by name and when appropriate, by position or role
- Learn and use people's names

## **Help create an enjoyable, friendly atmosphere**

- Choose a positive attitude
- Celebrate successes
- Express appreciation to others
- Foster teamwork

## **Treat everyone with dignity, respect and concern**

- Be courteous & polite
- See things from the other's point of view
- Strive to understand and meet the needs of others
- Follow through with what you say you will do
- Never say, "That's not my job." Help people or make sure they get the help they need.

## **Maintain privacy and confidentiality**

- Be considerate of other's need for privacy and modesty
- Avoid inappropriate disclosure of confidential information
- Be aware of others who may overhear your confidential conversations
- Access and discuss only the information you need to know to do your job

## **Help people find their way**

- Notice people who may need help
- When possible escort people to their destination. If unable to escort them find someone who can help them, or give clear directions.

## **Handle phone calls courteously**

- Answer promptly when the phone rings
- Answer with a positive voice; give your department name and first name (or use another appropriate greeting)
- Listen carefully to what caller needs
- If you have to put a caller on hold:

- Ask permission first, and wait for a response
- Never leave a caller on hold longer than necessary
- Ask if you can call them back if necessary
- Keep transfers to a minimum
- Make sure someone is there to help before you transfer a call. If phone mail answers, ask the caller's permission to transfer to phone mail.
- Tell the caller they are being transferred; give them the number in case they are cut off.
- Close the call positively; thank them for calling
- Return all calls promptly

## **Resolve concerns and complaints**

Resolve concerns and complaints by turning a negative experience into a positive experience that will “L. A. S. T.”

### **LISTEN**

Let people share their point of view. Don't take it personally.

### **APOLOGIZE**

Validate their feelings. Express concern and empathy without making excuses or blaming anyone.

### **Solve**

Say, “How can I make it right?” Own the issue until it is resolved.

### **Thank**

Thank the person for sharing the concern

## **Respect people's time**

- Avoid situations that create wait time
- If wait times can't be avoided, tell people how long the wait will be and provide frequent updates
- Create positive distractions (music, puzzles, reading materials, etc.)
- Be on time

## **Communicate effectively**

- Listen carefully to people so that you understand what they are saying
- Explain things so others fully understand and know what to expect. Use simple words.
- Encourage others to ask questions and anticipate questions they may not ask
- When working with patients during any clinical procedures:

### **BEFORE**

Put people at ease as much as possible. Describe what's going to happen and tell patients what they may experience.

### **DURING**

Describe what you are doing in a confident and reassuring tone. Seek and answer questions.

### **AFTER**

As soon as possible, communicate the outcomes and provide follow-up instructions and information. Also provide the name and number of a contact person – on paper if possible.

Remember that you have an obligation to know how to access language services for patients and patient families that have limited English proficiency.

## **Make a positive last impression**

- Make sure people have all follow-up information needed
- Thank people for the opportunity to serve them and thank them for visiting the facility
- End all interactions with “Is there anything else we can do for you?”
- Smile and use the person’s name as you say “goodbye.”



# **CULTURAL DIVERSITY and SENSITIVITY**

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## **What is Culture?**

Culture is the values, beliefs and practices shared by a group of people. We have an obligation to be respectful and sensitive to another’s belief system (co-workers, patients, families). It’s important to be culturally competent and comfortable with those we serve and serve with by examining our own personal biases and cultural values and understand how they may inhibit effective communication.

## **How to be Culturally Competent**

- Ask yourself these questions:
  - Who are my customers?
  - How can I learn about them?
  - What are my beliefs about this group?
- Acquire basic knowledge of the cultural values, beliefs and practices of your customers:
  - Ask questions
  - Listen
  - Account for language issues
  - Be aware of communication styles

## **Be sensitive to personal health beliefs and practices**

As a student, ask your preceptor to help you find the answers to the following questions:

- How does the patient stay healthy?
  - Special foods, drinks, objects or clothes
  - Avoidance of certain foods, people or places
  - Customary rituals or people used to treat the illness
- What are the expectations for medicine usage?
  - Past experiences with medicine usage
  - Will the patient take medicine even when he/she doesn’t feel sick?
  - Is the patient taking other medicines or anything else to help them feel well?
- Family and community relationships
  - Are illnesses treated at home or by a community member?
  - Who in the family makes decisions about health care?

- Language barriers
  - Can the patient understand limited English?
  - Consider literacy level
  - Use visual aids and demonstrate procedures
  - Check understanding
  - Is an interpreter necessary? If yes, follow IHCHS guidelines by using a trained medical interpreter. Avoid using family members
- Body language
  - Is there cultural significance for:
    - Eye contact
    - Touching
    - Personal space
    - Privacy / modesty
- Other cultural factors to consider
  - Gender
  - Wealth or social status
  - Presence of a disability
  - Sexual orientation
- Religious / Spiritual beliefs
  - Are there sensitivities / beliefs associated with:
    - Birth, death
    - Certain treatments, blood products
    - Prayer, medication and worship
    - Food preparation, clothing, special objects, and gender practices

*(additional resources found on [www.ihc.net](http://www.ihc.net): Human Resources and Cultural Resources)*



## PROFESSIONAL IMAGE

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**Goal:** Create and present a professional image that helps our patients, members and customers feel safe, confident and comfortable when they interact with any IHCHS employee / student.

### Personal Identification

An IHCHS name badge must be worn in a visible location on the upper torso area at all times while at work. ID badges are to be free of pins, stickers, or any other material that might interfere with the visibility of the photo or the identification of the person wearing the badge.

### Personal Appearance

Employees / students are expected to practice personal hygiene such as being neatly groomed and free of body odor or strong perfume or cologne that might interfere with those who are ill or allergic to such odors or fragrances. Hairstyles are to be conservative, clean and neat, and should not inadvertently make contact with patients or customers. Beards and mustaches are to be neatly trimmed. Fingernails are to be conservative, of short to moderate length, and safe and clean for interacting with those around us. No artificial nails are allowed.

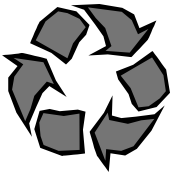
## Jewelry

Employee / students should select and wear jewelry that does not create a safety hazard or interfere with one's work. Visible body piercing is not permitted except for piercing of the ears. Ear jewelry should not be excessive (maximum of two conservative earrings per ear).

## Clothing Appearance

Clothing should be clean, pressed, and in good repair, without holes, rips or tears. Employee / students should wear clothing that is appropriate to their work setting and follow the department dress standard. If uniforms are required in a department, each employee/student is expected to follow that requirement. Socks/hosiery should be worn by all employee / students.

Unacceptable clothing: jeans, bib overalls, mini-skirts, baseball hats, T-shirts with logos or silk screens, sweats, tight or revealing clothing, capri pants.



# ENVIRONMENTAL SAFETY

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## Safety is Everyone's Concern

Call Security when you:

- See any criminal activity
- See any suspicious circumstances
- Need to access lost and found items
- Need to report visitor accidents or visitor needs
- Need escort or vehicle assistance

(\*) Each IHCHS facility has a number to contact security directly. Make sure you are aware of the number in the facility you are working.

## Emergency Code Response

It is your responsibility in an emergency situation to recognize the emergency and respond appropriately. (\*) Know the facility specific phone number to call, be respectful to the responding code team and assist as needed.

The emergency codes listed below are standard for all IHC facilities:

Code **RED**..... Fire

Code **BLUE**..... Cardiac Emergency

Code **GREEN**..... Security Incident (manpower)

Code **PINK**..... Abduction

Code **YELLOW**..... Bomb Threat

Code **DISASTER**..... Implement Disaster Plan

Code **ZULU**..... Helicopter Crash (on hospital campus)

## EMTALA

The Emergency Medical Treatment and Labor Act is a federal law that requires hospitals to treat all people who request emergency care.

## Employee's / Student Responsibility

- Get help for people (adults or children) who request emergency care.
- If help is required to transport the person, call the hospital operator, state the problem and the location. Request Security to help transport the person.
- Initiate a Code Blue, if appropriate
- Never direct a person seeking emergency care to go to another hospital or facility if a patient requiring treatment for an emergency medical condition refuses to stay at the hospital:
  - We may not force individuals to receive treatment
  - If the individual insists on leaving or going elsewhere for treatment, it is important to give them information regarding the possible risk and benefits involved in staying or leaving
- It is **vital** to document the individual's refusal of treatment.

Contact your IHCHS Supervisor if you have questions.



# STUDENT HEALTH

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## Infection Control

The purpose of an infection control program is to prevent the transmission of infections within a health care facility. You can protect yourself and the patients by adhering to basic infection control principles. Standard precaution procedures should be used routinely when caring for patients, regardless of their diagnosis.

### Standard or Universal Precautions

Standard / Universal Precautions is the name of the isolation system used within IHCHS, and is used for every patient, regardless of diagnosis. The aim is to minimize risk of exposure to blood or body fluids. To accomplish this, personal protective equipment (PPE) (i.e. gloves, gowns, masks, and goggles) is used for potential contact with body fluids from any patient.

Standard/Universal Precautions include these principles:

- Hand washing: Wash after each patient contact, and after removing gloves
- Gloves: Use when touching any body fluids.
- Gowns: Use if splashing or splattering of clothing is likely.
- Masks and goggles: Use if aerosolization of splattering is likely.
- Needles: Discard uncapped needle/syringe and other sharps in containers provided for this purpose. Use safety products provided.
- Patient Specimens: Consider all specimens, including blood, as bio-hazardous.
- Blood Spills: Clean promptly with disinfectant solution. Notify Environmental Services.

### Droplet

Droplet Precautions are used when patients have a disease process that is spread by contact with respiratory secretions. These include: Respiratory infections (RSV, Croup, Bronchiolitis), Neisseria Meningitides (meningitis or sepsis), Invasive Haemophilus Influenzae type B (meningitis, sepsis, epiglottitis), Diphtheria, Pneumonic Plague, Influenza, Mumps, Parvovirus B19, Rubella.

Droplet Precautions include:

- Private Room: Private room or rooms with a patient who has a similar diagnosis. Patient is confined to the room.
- Mask and Gloves: Worn by all hospital personnel upon entering the room
- Gown: To be worn if there is a possibility of contact with bodily fluids
- Hand washing: Wash upon changing gloves and when leaving the room

## Contact

Contact isolation is used when patients have a disease process that is spread by contact with wounds or body fluids. These include: Diarrhea (Rotavirus, Clostridium Difficile, E. Coli 0157:H7, Shigella, Salmonella, Hepatitis A, Campylobacter, Yersinia.)

Contact Precautions include:

- Private room: Private room or rooms with a patient who has a similar diagnosis. Patient is confined to the room.
- Gloves: All hospital personnel wear gloves when entering the room
- Gown: To be worn if clothing will have contact with patient or objects in the room.
- Hand washing: Wash upon changing gloves and when leaving the room

## Contact Multidrug - Resistant Organism (MRO)

Contact MRO precautions are used when patients have a multidrug - resistant organism (one which is resistant to antibiotic therapy), which is transmittable by contact. These include: Methicillin resistant Staphylococcus Aureus, Vancomycin resistant Enterococcus, Drug resistant Streptococcus Pneumoniae, Burkholderia Cepacia, Stenotrophomonas Maltophilia and any other organisms identified by the Infection Control Committee.

Contact MRO precautions include:

- Private Room: Patient must have private room and bathroom. Patient is confined to room. All therapies and procedures must be done in patient room.
- Supplies: Only those supplies necessary for care of the isolated patient should be taken into the room. Chart should not enter the room.
- Gloves and Gown: Should be worn when entering the room
- Mask: Must be worn when suctioning respiratory secretions
- Wash Hands with **Antiseptic Soap** before leaving the room.

## Airborne

Airborne precautions are used when the infection is spread through the air. Three types of airborne isolation are used:

Varicella (Chicken Pox) precautions include:

- Private room with negative air pressure. Patient is confined to room.
- Mask: Not needed for anyone who is immune to varicella
- Immunity: Individuals who are **not** immune to varicella **should not enter the room**
- Hand Washing: Wash hands before leaving room

Airborne - Measles and Pertussis precautions include:

- Private room with negative air pressure. Patient is confined to room

- Mask: Surgical mask must be worn when entering the room
- Gloves: Worn when in contact with respiratory secretions
- Hand Washing: Wash hands before leaving room
- Tuberculosis precautions include: Private room with negative air pressure. Patient is confined to room
- Mask: A specific fitted mask must be worn when entering the room.
- Gloves: Worn when in contact with respiratory secretions
- Hand Washing: Wash hands before leaving room

### **Other Infection Control Concerns include:**

#### **\*ARTIFICIAL NAILS POLICY**

"For infection control purposes, employees in patient care areas cannot wear artificial nails and wraps. Patient care providers should wear short, natural nails. Non-patient care providers fingernails are to be conservative, of short to moderate length, and safe and clean for interacting with those around us."

#### **SHARPS CONTAINERS**

All sharps should be placed in a sharps container after use. These containers are placed frequently throughout units. Containers should be changed when 2/3 to 3/4 full.

#### **WASTE**

Red bags are available for bio-hazardous waste and must be used if more than 2 tablespoons of blood or other body fluids may be squeezed or crushed out of the container.

#### **LINEN**

All linen is considered contaminated and should NOT be carried so that it touches the body or clothing of the person transporting it. Wet linen must be wrapped with dry linen or placed in a plastic bag before putting into linen bag to prevent seep-through.

## **Ergonomics**

Ergonomics focuses on creating a work environment in which a worker should not experience physical problems from that work. Examples of work design that may lead to physical stress include:

- Poor work-station layout
- Improper work methods, such as poor posture

Improper work design can cause repetitive force or movement of the body without an adequate rest period for tissues to recover. Over time, this may lead to damage of tendons, bones, nerves or muscles, typically in the hands, elbows, shoulders, neck and back. An example would be tendonitis progressing to carpal tunnel syndrome.

Certain workers are more at risk for developing problems than others. Examples include those who:

- Perform repetitive tasks for a long time period
- Use forceful hand motion
- Must stay in a fixed position for extended periods
- Work in awkward positions
- Use excessive bending or twisting motions of the wrist
- Have continuous contact with the edge of a work surface
- Experience temperature extremes
- Use inappropriate hand tools
- Have improper sitting position

Symptoms that may appear include pain, swelling, numbness, tingling, restricted range of motion, or weakness in the affected body part, with varying degrees of severity.

At the first sign of discomfort, the worker should begin to take an anti-inflammatory medication, such as ibuprofen (Advil) and apply ice to the affected area. A work analysis is often performed to correct problems that may be causing or aggravating the condition.

Realize also that obesity, pregnancy, recent weight gain, smoking, lack of general physical condition, and emotional stress may contribute to the development of these disorders. Additionally, activities and hobbies at home can contribute to these symptoms and adjustments may need to be made. Stress management, exercise programs, smoking cessation and counseling often are added as part of overall medical management.

## **Back Safety**

### **Be Nice To Your Back!**

Your back is an original and the only one you get!! It holds you up all day long and assists you with everyday activities like lifting, bending, reaching, and standing. Even the simplest activity, if done incorrectly, can strain your back and cause permanent injury. Every year many health care workers suffer back injuries. Some of these injuries lead to permanent loss of work. You can prevent injuries by following these simple safety guidelines.

### **Lifting**

- Keep your feet apart, with one foot next to the object being lifted and one foot slightly behind. This gives greater stability and upward thrust.
- Let your legs do the work, not your back! Keep your back straight and bend your knees, keeping your knees in line with your feet, to get close to the object you are lifting.
- Use your entire hand when lifting. Your fingers alone have very little strength. Wrap your fingers around the object, with firm pressure from your palm, on the object.
- Bring the load in close to your body with your arms and elbows tucked close to your side.
- Position your body so that your weight is distributed inside your feet. This gives you better lifting strength and better balance. Lift by using the strength of your legs and not your back.
- Never twist your body from side to side when lifting or transferring. This is a major cause of back injuries. Move your feet if you must change direction.
- Don't overestimate the weight you can lift. It usually takes two people to properly lift a patient. If there is any doubt, get help!
- Don't lift or carry objects above shoulder level.

### **Moving Patients**

To move a patient between a bed and a stretcher, position the two surfaces close to each other with their heights as level as possible. Lock both the bed and stretcher in place. Get assistance and slide the patient over. Avoid reaching all the way over the bed and pulling with your back. It may be helpful to use a bed sheet under the patient to help move him/her. You can get up and kneel next to the patient for better leverage and control.

To move a patient from a bed to a wheelchair, lower the bed and place the wheelchair beside the bed. Lock the wheelchair in place. While facing the patient, with your knees bent and your back straight, help rock the patient to a sitting position. Rotate the patient gently so he/she is sitting on the edge of the bed with both feet on the floor. Place one of your knees against one of the patient's legs for support. Bend your knees slightly, and while keeping your back straight, place the patient's arms on your shoulders. Pivot and lower the patient into the wheelchair.

### **Reaching**

Do not bend your back when reaching. Decrease the distance between you and the object you are reaching as much as possible. If you can't keep your back straight, you are reaching too far. This is a major problem with moving

patients. Reach with your arms and legs, not your back. If you can't comfortably reach something about you, then use a ladder or stool.

## Standing

Standing properly is important for your back. Stand straight with your knees slightly bent, hips slightly flexed, your pelvis tilted forward. If you are standing for long periods, you can ease some of the back strain by putting one foot on a low stool or box.

## Sitting

Sit straight in a chair that supports your lower back. Keep both feet on the floor and, if possible, keep your knees slightly below your hips. Avoid slouching in chairs as slouching increases back strain. Try to situate your workstation so that you are looking straight ahead with no twisting in your back.

## Student Injury / Illness Reporting

All on-the-job injuries or illnesses must be reported immediately to your school instructor or the department manager or supervisor. Follow your school or company policy if you become injured or ill in an IHCHS facility. You and/or your school or company will be responsible to pay for services provided.

Document any job-related illness or injury, including all exposures to blood and body fluids (puncture wounds, splashes in the eye, fall or back injuries) on the Employee Injury/Illness Report Form or an Event Form. These forms can be obtained from the Employee Health Office or the nursing supervisor. Completed forms should be sent to Employee Health within 24 hours. Check the "Region Specific" section of this book for additional or facility specified procedures.

(\*) Contact Employee Health for further assistance.



# IHCHS CORPORATE COMPLIANCE PROGRAM

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**Goal:** The goal of Intermountain Health Care is to promote honest, ethical behavior in the day-to-day operations of IHCHS. It is the employee and student's responsibility to be compliant. Compliance means to uphold the directives of the corporation and report discrepancies when observed.

## Legal Compliance

IHCHS is committed to comply with federal, state, and local laws, rules and regulations. These laws protect the patient, our organization and our employees. Employees and students are accountable to ensure that all activity by or in behalf of the organization is in compliance with applicable laws.

## High Ethical Standards

We are honest and ethical in all we do. IHCHS expects employees and students to maintain high standards in the performance of our responsibilities. Maintenance of high ethical standards directly affects our efforts to maintain IHCHS's mission to provide excellence in the provision of health care services to the Intermountain West.

## Reporting Requirements

As part of IHCHS's compliance with applicable laws, regulations, and rules, employees and students are required to report any and all suspected compliance violations. There are three options for reporting suspected violations, asking questions or discussing compliance concerns. These are:

- The department supervisor or director
- (\*) A facility compliance coordinator
- The IHCHS Compliance Hotline (800-442-4845)

Be assured that no retaliation against you will be instituted for reporting. Students should first go to their instructor to report compliance issues.



## HIPAA HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT

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Certain laws and regulations require that practitioners and health plans maintain the privacy of health information. In August of 1996, Congress passed the privacy legislation we now call HIPAA. It stands for the Health Insurance Portability and Accountability Act of 1996. A large part of it deals with employees qualifying for health insurance when they change jobs – that is the portability aspect of HIPAA. However, there is much more to HIPAA. Title II of HIPAA is known as Administrative Simplification. Administrative simplification establishes requirements for the following: transactions and code sets, identifiers, security, privacy, timeframes, and penalties.

In general, privacy is about who has the right to access personally identifiable health information. The rule covers all individually identifiable health information in the hands of practitioners, providers, health plans, and health care clearinghouses.

IHCHS facilities take HIPAA regulations very seriously. HIPAA impacts students in the following ways:

- Patient records may not be photo copied or printed from a computer terminal for personal use (i.e. writing care plans or other papers)
- Students must not release any patient information independently
- Any request for patient information should be directed to your IHCHS preceptor/supervisor
- Violations of HIPAA may result in termination of the student experience

## Identifiable Information

The following is considered identifiable information by HIPAA and must not be accessed or shared for any purpose other than patient care.

1. Names
2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
4. Telephone numbers
5. Fax numbers

6. Electronic mail addresses
7. Social Security Numbers
8. Medical record numbers; Health Plans Beneficiary Number
10. Account Numbers
11. Certificate/License Numbers
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code, except a re-identification number to which the key is kept secure. Data that is fully de-identified no longer requires HIPPA protections or tracking of disclosures. That means IHCHS can use and disclose de-identified data freely.

When writing reports or making presentations using patient data, do not use any of the above elements. If for some reason you feel you need to include any identifiable elements, please check with the Facility Privacy Coordinator.

### **Additional steps to protect a patient's privacy**

- Close room doors when discussing treatments and administering procedures.
- Close curtains and speak softly in semi-privacy rooms when discussing treatment and performing procedures
- Avoid discussions about patients in public areas such as cafeteria lines, waiting rooms, and elevators.
- Safeguard medical records by not leaving the record unattended in an area where the public can view or access the record.
- If you have logged into a computer system to view an electronic medical record, make sure to log off once you are finished.
- Before discarding any patient-identifiable information, make sure it is properly shredded or locked in a secure bin to be destroyed later. Do not leave information intact in a trashcan.

## **IHCHS's Facility Patient Directory**

Certain patient information may be included in a facility patient directory after the patient has been informed about including their information in the directory and has not objected. The following information may be included in the directory:

- Patient's name
- Patient's location
- Patient's religious affiliation
- Patient's general condition (fair, critical, etc.)

When a patient is unable to opt in or out of the directory (unconscious, medicated, etc.), the patient has a "Did Not Provide" (DNP) status. As soon as a patient or their representative can opt-in or out, they must do so. DNP status is only temporary.

DNP status allows family and friends to be given information about and directed to a patient if they ask for them by name, but for others (such as media or neighbors), the patient will be treated as "No Information" (NI) status

NI status means the patient has deliberately decided he or she does not want IHCHS to give outsiders any information that the patient is in the hospital.

Regardless of who calls or comes to visit and asks for a patient by name (family, friends, media, neighbors, etc.), if the patient is NI, IHCHS personnel will say they have no information about that patient.

## Accounting for Disclosures

Because the Privacy Rule grants patients the right to receive a summary of certain disclosures IHCHS makes, IHCHS must account for releases of information outside of IHCHS. Specifically, IHCHS must account for releases made for reasons other than treatment, payment, health care operations, or for releases made as the result of an authorization. Health care operations are business activities undertaken by IHCHS such as quality improvement studies, peer review, credentialing, medical reviews, and fraud and abuse investigations.

Students must not release any patient information independently. Any request for patient information should be directed to your IHCHS preceptor/supervisor

## Verification of Identity

When information is requested about a patient, regardless of who is requesting the information (i.e. law enforcement, "parent", physician's office) please direct the request to your IHCHS preceptor/supervisor who will verify identity of the requestor. Students must not release any patient information independently.

## Notice of Privacy Practices

The Privacy Rule gives patients the right to be informed of the privacy practices of IHCHS, as well as to be informed of their privacy rights with respect to their personal health information. IHCHS's Notice of Privacy Practices is generally distributed to patients on the first day that the patient receives treatment from IHCHS. IHCHS is required to attempt to obtain written acknowledgment that we offered the patient a copy of the Notice.

## HIPAA & Patient Care

Treatment of patients should be essentially unobstructed by the Privacy Rule. For some purposes (such as providing treatment, obtaining payment, and health care operations), the Privacy Rule permits IHCHS to use and disclose health information without the patient's permission and with only a few restrictions. IHCHS may disclose, without the patient's permission, information necessary for the treatment or payment activities of another health care physician or provider if both entities have a relationship with the patient.

Examples of permitted uses and disclosures include:

- When sending a specimen to a lab for testing, the physician's office may send the laboratory the patient's health plan information so that the laboratory may be reimbursed by the patient's health plan for services rendered.
- A physician's office may send health information to another physician's office for the treatment of a patient. As long as both have a relationship with the patient, physicians and other providers may share health information as needed for treatment purposes.
- A physician's office may send health information to a pharmacy so that pharmacy may fill a prescription for a patient. The physician's office may also send the patient's health plan information so that the pharmacy may be reimbursed for filling the prescription.
- A health plan may share certain member information with another health plan to coordinate benefits.
- A health plan may collect data directly from paneled physicians' medical charts for purposes such as completing HEDIS performance measures or other Quality Improvement studies.
- A hospital's Quality Management department may abstract data from charts at the facility to conduct a study designed to improve patient care.

## Disclosures to Patients' Family & Friends

Only IHCHS employees may disclose health information to a family member, other relative, close personal friend of the patient or any other person identified by the patient. This is never the responsibility of the student.



# OSHA OCCUPATIONAL SAFETY and HEALTH ACT

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As a student in an IHCHS facility, it is an expectation that you will fully comply with all of the following OSHA standards.

## OSHA Standards

### Hazardous Materials

Know what materials, within your work area, would be considered hazardous. If there is a spill of any of these materials, contact the MSDS hotline. (\*) Please locate the MSDS phone number at the IHCHS facility at the beginning of your experience.

### “Sharps” protective devices

Use protective devices at all times to prevent needle sticks

### “Sharps” disposal devices

Immediately dispose of all sharp objects in the “ sharps” disposal devices.

### Personal Protective Equipment (PPE)

Wear personal protective equipment when there is potential for handling or coming in contact with bodily secretions or fluids. PPE should be located in areas where such exposures are likely to occur.

Contact your IHCHS preceptor/supervisor if you have questions or need additional information.



# CONTINUOUS QUALITY IMPROVEMENT

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IHCHS is committed to providing quality care. We strive to meet customer needs through using a continuous quality improvement (CQI) approach. The CQI model used is Plan, Do, Study, and Act. (PDSA). The model is used to answer the question: What changes can we make that will result in improvement?

## Plan

The planning part requires that we:

- Define Quality. IHCHS defines quality as: meeting or exceeding the customer’s expectations 100% of the time. Quality is delighting the customer
- Develop and share IHCHS goals
- Develop department and individual improvement goals
- Identify processes, related to the goals that can be improved and lead to better quality care
- Identify our customers

## Do

Do is the action part of the process; collecting and analyzing data or meeting with involved parties.

## Study

Study is to analyze data about the way we do things or results we want to improve. Some focus areas of improvement are:

- Clinical Outcomes
- Cost
- Access to Care
- Satisfaction
- Community Service
- Regular Satisfaction Surveys
- Monitoring & correcting quality control issues such as:
  - Response to fire drills
  - Storing things safely
  - Using equipment safely
  - Refrigerator temperatures
  - Crash cart checks
  - Protecting medication

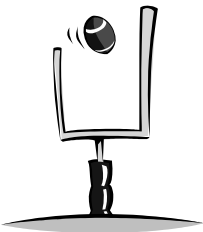
## Act

IHCHS believes that teamwork is the best way for improvement. A team consists of a small number of people with complimentary skills who are committed to a common purpose. Each team member holds him/herself accountable for the team's success. Teams test new ideas and continue to improve quality.

In a CQI culture, 80-90% of an employee's time is spent in day-to-day tasks. The remaining 10-20% of the employee's time should be spent improving quality of work. This may involve the following:

- Being on an improvement team
- Collecting measurement data
- Doing quality control monitoring
- Identifying job improvements
- Identifying customers' expectations
- Learning about quality improvement

Poor quality costs the organization money. However, each person can make a difference. Employees / students are responsible to look for ways to improve daily work processes, customer satisfaction, and quality outcomes.



# 2004 NATIONAL PATIENT SAFETY GOALS

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As of Jan. 1, 2004, all JCAHO accredited health care organizations are surveyed for implementation of the following Requirements—or acceptable alternatives—as appropriate to the services the organization provides. Alternatives must be at least as effective as the published Requirements in achieving the goals. Failure by an organization to implement any of the applicable Requirements (or an acceptable alternative) for a National Patient Safety Goal will result in a special Requirement for Improvement for that goal. Organizations are made aware of the requirements to meet the NPSG-related Requirements in the Accreditation Participation Requirements in the accreditation manual.

### Improve the Accuracy of Patient Identification

- Use at least two patient identifiers (neither to be the patient's room number) whenever taking blood samples or administering medications or blood products.

- Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a "time out," to confirm the correct patient, procedure and site, using active—not passive—communication techniques.

### **Improve Effective Communication Among Caregivers**

- Implement a process for taking verbal or telephone orders or critical test results that require a verification "read-back" of the complete order or test result by the person receiving the order or test result.
- Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to use.

### **Improve the Safety of Using High-Alert Medications**

- Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units
- Standardize and limit the number of drug concentrations available in the organization.

### **Eliminate Wrong-Site, Wrong-Patient, Wrong-Procedure Surgery**

- Create and use a preoperative verification process, such as a checklist, to confirm that appropriate documents (e.g., medical records, imaging studies) are available.
- Implement a process to mark the surgical site and involve the patient in the marking process.

### **Improve the Safety of Using Infusion Pumps**

- Ensure free-flow protection on all general-use and PCA (patient controlled analgesia) intravenous infusion pumps used in the organization.

### **Improve the Effectiveness of Clinical Alarm Systems**

- Implement regular preventive maintenance and testing of alarm systems.
- Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.

### **Reduce the Risk of Health Care Acquired Infections**

- Comply with current CDC hand hygiene guidelines.  
**Note:** View CDC Hand Hygiene Guideline Recommendations, requires Adobe Reader - or visit the CDC website for more information.
- Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-acquired infection.

The Joint Commission's Board of Commissioners approved the first National Patient Safety Goals in July 2002. JCAHO established these goals to help accredited organizations address specific areas of concern in regards to patient safety. Each goal includes no more than two succinct, evidence- or expert-based recommendations. Each year, the goals and associated recommendations are re-evaluated; some may continue while others will be replaced because of emerging new priorities. New goals and recommendations are announced in July and become effective on January 1 of the following year.

Frequently Asked Questions about the National Patient Safety Goals are available at JCAHO's website. For more information, contact Rick Croteau, executive director for strategic initiatives, at (630)792-5776 or [rrcroteau@jcaho.org](mailto:rrcroteau@jcaho.org).



# EVENT REPORTS

## INCIDENT REPORTS

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An incident is any event that is not consistent with the normal, routine operation of a department, which may have potential for injury and/or property damage. The person discovering the incident should complete the report of an event. This report should be **forwarded to Risk Management within 24 hours of the event.**

Event reports are used for the improvement of the quality of patient care and the reduction of any circumstances, which might cause the event to be repeated. When used in this manner, event reports become a tool for the CQI process.

### Event Report Facts

The Event Report is used as a means of gathering data to identify repeated events, possible preventative actions, and educational needs. (\*) Event Reports can be filled out electronically or via hardcopy.

The event report is not part of the medical record and **should not be placed in the chart.** The medical record should, however, state the pertinent facts and responses about the event, **without the mention of an event report being filed.** When documenting an incident in the medical record, state the objective facts only, i.e., what you actually saw or heard when you discovered the incident. There are two ways to tell every situation:

#### SUBJECTIVE

The 93 year-old acrobat wiggled out of his restraints and vaulted over the side rails landing on his rear on the floor. Patient was complaining his head hurt.

#### OBJECTIVE

The 93 year-old man was found lying on the floor beside his bed. Restraints were tied to the bed and side rails were up. Patient states his head hurts.

If you were the defendant in a legal suit, which version would you want to be read to the jury?

Event reports are confidential documents and are protected from disclosure by Utah code. **Do not mention event reports in the medical record.**

According to the Safe Medical Devices Act, event reports must be filled out if there is a malfunction of a piece of medical equipment. The FDA requires health care facilities to report when circumstances “reasonably suggest” that a medical device has caused or contributed to the death, serious injury, or serious illness of a patient. This type of event must be reported to the manufacturer and/or the FDA.

### When to Complete an Event Report

- Breach of department policy, patient injury, delays dealing with anesthesia/surgery/delivery
- Behavioral actions and attitudes dealing with AWOL, AMA, violent/agitated behavior or communication problems
- Patient care management problems dealing with consents or patient misidentification
- Complications of diagnosis and/or treatment, delays, or omissions of diagnostic tests/procedures
- Falls of patients and/or visitors
- Patient/staff/hospital property missing or damaged should be reported to Security
- Medication errors as in, incorrect dose/ patient/ medication/ time/route. IV related and pharmacy related errors
- Incidents occurring when using equipment as in equipment failure, user error, etc.
- Thefts, vandalism or other criminal activity should be reported to Security

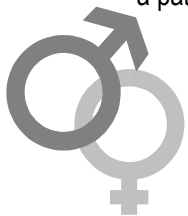
- “Near Misses” are events that could have caused serious damage to the patient or staff, but were averted

## Sentinel Event

The following sentinel events, as defined by JCAHO, require immediate notification to Risk Management. A sentinel event is an event that results in unanticipated death, major permanent loss of function, not related to the natural course of the patient’s illness or underlying condition, or the event is one of the following:

- Suicide of a patient
- Infant abduction or discharge to the wrong family
- Rape
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities
- Surgery on the wrong patient or wrong body part

Notify your IHCHS preceptor/supervisor, school instructor and/or Risk Management if you have any questions about a patient situation



# SEXUAL HARASSMENT

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## What is Sexual Harassment?

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors and other verbal and physical conduct of a sexual nature when:

- Submission to such conduct is necessary to maintain your job
- Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance
- Submission or rejection of such behavior is used to make a decision concerning your employment such as raises or holidays off; or
- Such conduct affects your work performance or creates an intimidating, hostile, or offensive work environment.

## Different Types of Sexual Harassment

### “Something for Something”

This type of harassment usually involves a manager or supervisor who uses threats or rewards to get one to go along with sexual advances.

### Hostile Environment

This type of sexual harassment, is in the workplace where the “unreasonably interferes” with job performance. This might be through repeated actions or things displayed which make an individual uncomfortable. The rule of thumb for this instance is what a reasonable person would think is “out of bounds”.

## How to Identify Sexual Harassment

### Physical

Physical sexual harassment includes actions such as touching, holding, grabbing, hugging, kissing, “accidental” collisions and other unwanted physical contact.

## Verbal

Verbal sexual harassment includes actions such as offensive jokes and language, threats, comments, or suggestions.

## Nonverbal

Nonverbal sexual harassment include such actions as staring at a person's body, leaning over someone at a desk, offensive gestures or motions, circulating letters or cartoons, and other sexually oriented behavior.

## How to Report Sexual Harassment

If you work in a situation where you feel you are being sexually harassed, talk to someone in the Human Resources Department. The Human Resources Department is responsible for conducting a prompt, thorough and confidential investigation of sexual harassment complaints. All investigations surrounding incidents of harassment will be conducted confidentially to the extent reasonably possible. Only those individuals with a need to know will have access to confidential communications resulting from the receipt and investigation of a complaint.

## What Happens to the Offending Individual?

If the results of the investigation indicate that disciplinary action against the offending employee is necessary, appropriate disciplinary actions will be initiated. All processes of the investigation are considered highly confidential to all parties involved. Retaliation in any form against an employee who makes charges of sexual harassment is prohibited



## SMOKE-FREE ENVIRONMENT

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Smoking is not permitted in IHCHS licensed facilities. Smoking is only permitted on grounds in designated areas.



## \* PARKING

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Every employee and student that works and does training at IHCHS facilities must follow certain parking guidelines. These guidelines insure that we have enough parking for employees, students, patients, and visitors at any given time of the day.

Security is given the task to monitor the compliance of parking by those using the facility. Those that do not comply are issued a ticket. Employees may be required to pay a fine for violation of parking. Students are also required to park in the appropriate place. If a student violates the policy, the student will also receive a ticket and could lose clinical privileges at the hospital.

Please help us by parking in the appropriate place so we may have parking available for everyone.