#### **OSHA BLOODBORNE PATHOGEN STANDARD**

OSHA standards and guidelines concerning bloodborne pathogens were developed to make clear what is necessary to protect employees and to inform employers of their specific obligations to provide worker safety and protection from exposures to bloodborne pathogens. For specific information regarding OSHA "Bloodborne Pathogen Exposure Control Plan" refer to the Infection Control Manual available on Oaknet.

#### CULTURAL DIVERSITY

Culture is not limited to color and ethnicity! It is a system of shared values, beliefs and practices that s constantly evolving. It includes but is NOT limited to race, ethnicity, religion & spirituality, socioeconomic class, education, sexual orientation, and differing abilities. Respecting everyone's differences means that we respond respectfully & effectively to people of all cultures in a manner that recognizes differences & similarities, affirms the worth of all persons, & protects & preserves dignity. Respecting everyone's differences is part of how we provide *Service First!* at OHS.

#### ABUSE AND NEGLECT

All allegations, observations, or suspected cases of abuse, neglect, or exploitation must be reported to the Unit Manager and/or Director of Nursing immediately. Forms of abuse include: adult/elder abuse, **physical abuse**, **mental abuse**, **verbal abuse**, **neglect**, **involuntary seclusion**, **misappropriation of funds**, domestic violence, sexual assault (including rape and sexual molestation), and exploitation.

## PATIENT AND FAMILY CENTERED CARE (PFCC)

PFCC is an approach to planning, delivery, and evaluation of health care built on mutually beneficial partnerships among patients, families, and providers shaped by patient preference. PFCC is about working with patients and families as partners in care rather than doing to and for them. Patient and family-centered care is based on four core concepts:

1. People are treated with respect and dignity

2. Health care providers communicate and share complete and unbiased information with patients and their families in ways that are affirming and useful

3. Individuals and families build on their strengths through participation in experiences that enhance their control and independence

4. Collaboration with patients, families and providers occurs in policy and program development and professional education, as well as in the delivery of care

### CONFLICT RESOLUTION/CHAIN OF COMMAND

When a situation arises, or a potential exists for a negative outcome that you cannot resolve on your own, you may need to initiate the Chain of Command which includes going to the next level of authority. The best interest of the patient must be respected at all times to ensure maximum safety and excellent outcomes. All involved parties are responsible to follow the Chain of Command process until the situation is resolved. The Chain of Command sequence is as follows: Student Nurse <----> Physician  $\downarrow$  Clinical Instructor and Patient's Staff Nurse  $\downarrow$  Unit Manager/Clinical Manager

Director of Nursing/Administrator

#### **RESIDENT CONFIDENTIALITY REMINDER**

It is mandatory that ALL resident information and resident related information remain completely confidential. It is *illegal* for you to discuss resident information outside of the facility environment or within the facility environment in an inappropriate area. Should you be discovered discussing resident information in an inappropriate situation, your privileges as a student nurse at Oakwood will be revoked and you will be immediately escorted off the premises. It is imperative that we all work to keep resident information confidential. This includes all forms of social media.

#### INCIDENT REPORTING/REPORTABLE OCCURENCES

An incident/occurrence is defined as any happening that is not consistent with the routine care of a particular resident or an event that is not consistent with the normal operations of a particular organization. Students should demonstrate a willingness to report all events including those that involve medication errors, skin tears, bruises, falls, and equipment failure as well as visitor occurrences. See Unit Manager or Director of Nursing for assistance.

## ETHICAL ISSUES

Consults can be initiated by <u>anyone</u> concerned about an ethical issue. Resident/family involvement is encouraged. Notify your Clinical Instructor, the Unit Manager and Director of Nursing to advise of the situation. Contact the **Ethics Hotline: 313-436-2267.** 

# Beaumont

## BEAUMONT REHABILITATION & CONTINUING CARE CENTER—DEARBORN STUDENT INFORMATION GUIDE

(313) 253-9700 16391 Rotunda Drive Dearborn, MI 48120

## Our mission

Compassionate, extraordinary care every day

## Our vision

To be the leading high-value health care network focused on extraordinary outcomes through education, innovation and compassion

## Our values

- Compassion
- Respect
- Integrity
- Teamwork
- Excellence

#### IMPORTANT PHONE NUMBERS YOU MAY NEED WHILE AT Beaumont Rehabilitation & Continuing Care Center – Dearborn

<u>NOTE</u>: To dial a number outside the facility you must dial a 9 first. If dialing a number in the facility you need dial only the last five numbers.

#### **DINING FACILITIES**

Vending machines are available 24 hours a day in the C Wing large dining room and in the break room located on the lowest level. May purchase meals at the Oakwood Commons Cafe.

#### **SMOKING POLICY**

Smoking is not allowed anywhere in this facility or on Oakwood Commons grounds. This includes smoking in your car or in an Oakwood Rehabilitation Skilled Nursing Center-Dearborn parking lot.

#### **RESIDENT SAFETY**

- 1. Improve the accuracy of resident identification.
- 2. Improve the effectiveness of communication among caregivers.
- 3. Improve the safety of using medications.
- 4. Reduce the risk of health care-associated infections.
- 5. Reduce the risk of health care-associated infections.
- 6. Accurately & completely reconcile medications across the continuum of care.
- 7. Reduce the risk of resident harm resulting from falls.
- 8. Encourage the resident's active participation in their own care as a resident safety strategy.
- 9. The organization identifies safety risks inherent in its resident population.
- 10. Improve recognition and response to changes in resident's kardex prior to providing care.

#### ELECTRICAL SAFETY

All resident care equipment is to be inspected by Bio-medical personnel before any use. Damaged or malfunctioning hospital equipment must be removed from service, labeled and reported to Facility Services for repair.

#### HAZARDOUS MATERIALS

Hazardous materials are anything potentially dangerous to your health and safety such as infectious diseases, chemotherapy, radiation, ethylene oxide, medical gases and chemicals. All containers will be labeled with identity, hazard, name and address of responsible party.

#### MEDICAL WASTE

Federal and state laws regulate how medical waste is handled, packaged and labeled. Medical waste includes laboratory waste, liquid human and animal waste, pathological waste and sharps.

- All containers with medical waste will be labeled with a biohazard symbol.
- Medical waste will be separated at the point of origin into proper containers.
- All sharps (i.e., glass, needles, sharp instruments) will be placed in the appropriate red containers
- All other medical waste is to be placed in the large red medical waste containers in the dirty utility room.
- Medical waste will be packaged, contained and located in a manner that protects and prevents release into the environment.
- Medical waste will not be mixed or compacted with other waste.
- Medical waste must be stored in a manner that prevents putrefaction or contact with the air or individuals.
- Medical waste will not be stored greater than 90 days.

#### **MSDS (MATERIAL SAFETY DATA SHEETS)**

Located by the rear entrance. Refer to the facility "Right to Know" poster for exact location of MSDS sheets for your area.

#### **BODY MECHANICS/BACK SAFETY**

- 1. Keep loads close to your body.
- 2. Bend at your knees not waist.
- 3. Divide work into smaller parts.
- 4. Get help from co-worker.
- 5. Use a mechanical device, whenever appropriate.

#### EMERGENCY CODES

Fires and disasters will be announced overhead using the following code names:

CODE YELLOW	= Bomb Threat
CODE BLACK	= Tornado Watch & Warning
CODE RED	= Fire (RACE) Emergency
CODE ORANGE	= Hazardous Material Spill
CODE GREEN	= Missing Resident
CODE BLUE	= Cardiac Arrest/Medical Emergency

CODE SILVER = Hostage Situation

#### FIRE & SAFETY

Fire extinguishers are available in designated areas on all units. Please identify them upon arrival on your designated unit.

To properly use extinguishers, please remember **PASS** = **P**ULL, **A**IM, **S**QUEEZE, **S**WEEP.

In case of a fire remember the **RACE** acronym:

**R** = Remove patient from fire or smoke area, close door **A** = Activate the alarm or pull station and dial 811 with exact location

**C** = Contain or confirm the fire by closing all doors **E** = Extinguish the fire if it is safe to do so.

Evacuate if needed. When entering or exiting through the doorways, remember to feel the door. If it is **HOT**, **do not open**. If trapped in a room by a fire, place damp clothes or blankets around the edges of the door to prevent smoke and fire from entering the room. If entering a smoke filled room keep to the floor as close as possible because smoke always rises.

#### INFECTION CONTROL

All blood and bodily fluids must be treated as contaminated. Always practice thorough hand washing immediately after contact with blood, bodily fluids or contaminate objects. Wear barrier protection, such as gloves. Goggles, face masks/shields, fluid resistant gowns, and use ventilation devices for resuscitation, whenever there is a possibility of contact with blood/body fluids, substances exist. Healthcare workers who have open lesions, dermatitis or other skin irritations should not participate in direct patient care. Contaminated needles must not be bent, clipped or recapped.

#### PERSONAL PROTECTIVE EQUIPMENT (PPE): (Available

in the PPE wall storage units located in the unit hallways.)

- 1. Mask.
- 2. Goggles/full face shield.
- 3. Fluid resistant cover gowns.
- 4. Protective gloves (latex and vinyl).

#### TB EXPOSURE CONTROL PLAN

This plan has been developed to reduce the risk of TB transmission to healthcare workers, residents, visitors and the community. All residents with suspected TB will be transferred to an acute care facility.