

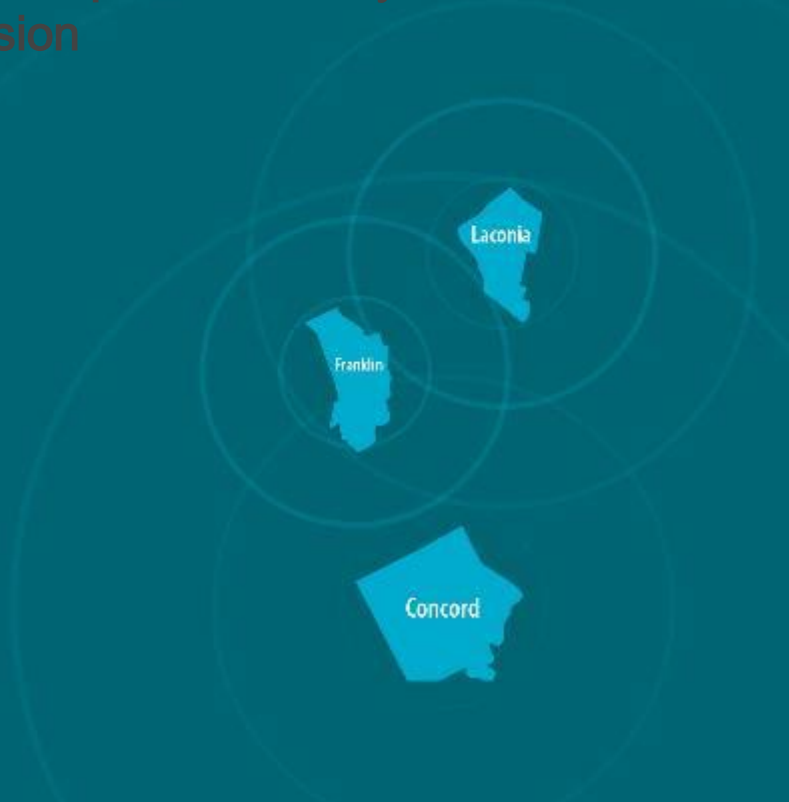


Three Hospitals.
One System.

concordhospital.org

Concord Hospital Health System Necessities

Education for students associated with
Concord Hospital Health System services
CCP version



Introduction

- This PowerPoint contains required education for students expecting to participate in clinical sites associated with Concord Hospital Health System (CHHS), a member of Capital Region Health Care (CRHC).
- Before you begin your experience at the hospital, you are required to review this additional orientation material.
- As a student at CHHS, you represent the hospital to patients and families. You also represent your school. As a guest in the organization, we expect you take this responsibility seriously.
- You will get a CHHS ID badge on your first day of clinical. You need to wear this badge at all times during your experience. At the end of your clinical experience, you must return the ID badge to your instructor (if you are with a group) or to the Security Department.
- You are expected to follow CHHS policy and procedures. If you have any questions, please ask your instructor or preceptor.

Parking

- Students must get a parking sticker from Security, on your first day of clinical rotation. You will need to know your car's make, model and plate number.
- The first priority for parking on campus is patients. You will be instructed where to park for your clinical hours. **Never park in patient parking.** Your car will be ticketed and it will be reported to your instructor, and to your program director. Your car may even be towed.
- Remember, you represent your school when you are a student on campus or in the clinics. Your behavior should reflect professional values and respect for patients and visitors.

Content

- Mission statement
- Service Behaviors
- Accreditation
- Emergency Codes
- Fire Safety and Evacuation
- Electrical Safety
- Bio Hazardous and Pharmaceutical Waste Management
- Safety Data Sheets
- Armed Intruder
- Workplace Violence
- Hand Hygiene and Infection Prevention
- Substance Use Disorder and Drug Diversion
- Special Communication Needs
- Hospital Dementia Operational Plan
- Computer Security and HIPAA
- Confidentiality and Privacy
- Social Media
- Compliance Program

Concord Hospital Health System Mission Statement



Concord Hospital is a charitable organization which exists to meet the health needs of individuals within the communities it serves.

It is the established policy of Concord Hospital to provide services on the sole basis of the medical necessity of such services as determined by the medical staff without reference to race, color, ethnicity, national origin, sexual orientation, marital status, religion, age, gender, disability or inability to pay for such services.

Service Behaviors

The following **ten** service behaviors are part of the culture at CHHS. When you are here as a student, please be sure to reflect them in your behavior to help us maintain this friendly, professional and respectful culture.

1-Make Great First Impressions

Acknowledge visitors and customers; greet each person in a way appropriate for the situation. Make eye contact; wear your name badge. Introduce yourself. If someone looks lost or confused, stop and ask, "How may I help you?" Escort them, if possible, or provide a resource to help them reach their destination. Remember our reputation is on the line. In all communications, create a polished and professional first impression.

2-Show Care and Concern

- Anticipate what people want before they ask, rather than simply reacting. Actively listen to what people are saying:
- Sit with patient/family, stop doing other tasks
- Establish comfortable eye contact
- Have "open" body posture
- Paraphrase what you have heard to confirm understanding
- Reassure them that what they are saying is important.
- Treat each customer as if meeting his or her needs is the most important thing you have to do that day.

Service Behaviors

3-Respect the Dignity and Confidentiality of Others

Watch what you say and where you say it; discuss personal activities, hospital business and patient issues in private. Don't gossip. Be mindful of the potential impact on those who may overhear your conversations. Knock before you enter patients' rooms. Acknowledge privacy: "Your dignity and privacy are important." Ask: "How would you like to be addressed?" Explain and offer choices in care to patient and family.

4-Be a Team Player

Trust, respect, support and assist your co-workers. Ask teammates, "How may I help you?" "Am I giving you what you need?" Get to know what other teams need and want. Look for ways to combine and share resources. Speak positively about other team members and departments. Show respect for teammates by being open, honest and direct. Address conflict effectively. Assume good intent; always believe the best about your teammates. Share praise and appreciation. Make sure your individual actions contribute towards team and organizational goals. By helping each other, we help our patients. Remember, patients judge the quality of the care they receive by observing how we all treat one another.

Service Behaviors

5-Communicate, Communicate, Communicate

Explain our procedures, policies and systems in positive terms customers can understand. Explain any delays and problems. Keep people informed on a timely basis. Be proactive with information. Provide written instructions. Show empathy: paraphrase and use open-ended questions. Ask, "What questions do you have for me?" and "Is there anything else I can do for you?" to check understanding and elicit needs. Say, "Thank you."

6-Show Grassroots Problem-Solving: Go the Extra Mile

Own the problem and stick with it until the problem is resolved to the customer's satisfaction. Take responsibility for problem solving. When someone needs assistance, take action to solve the problem and strive to exceed expectations. Adopt a "can do" attitude. Respond to a request as soon as possible. Set defined timeframes for follow-up or response. Communicate those and agree, i.e., "Is 10 minutes OK?" Always follow through!

7-Initiate Quality Improvements

Add your value to the organization. Respond quickly. Initiate and participate in organization performance improvement and activities. Offer suggestions and be open to new ideas and new ways of doing things. Use customer information and feedback to improve processes and to reassess results. Seek to discover and eliminate waste. Give and accept honest feedback. Utilize TQM tools and principles, such as brainstorming and doing Right Things Right. Create a safe environment that supports learning. Identify, emulate and celebrate best practices throughout the organization.

Service Behaviors

8- Act Like An Owner

Show pride in your team and in our organization. Speak highly of the work you and others do. Take initiative to make things better. Make and implement suggestions to improve service; share your successes. Get involved; demonstrate loyalty. Assume responsibility and embrace change. Stay informed about our services. Utilize resources as if they were your own. Expect the best, don't settle for second rate performance. Make personal growth and growth of your colleagues a priority. Be a winner. Celebrate successes!

9-Be Professional – Always Look Your Best

Be mindful and sensitive of the impression you create by your appearance. Dress professionally, appropriately for your position. Wear clothes that fit and are clean. No excessive jewelry, perfume/cologne or make-up. Maintain good personal hygiene. Wear your name badge where it's easy to read. Always introduce yourself and your role, too! Our customers want to know who you are and what you do.

10-Keep It Quiet

Shhhhh! Remember, we are a healthcare environment. Speak in soft tones whenever possible and remind others to be quiet. Do everything you can to reduce noise in all patient areas: Respond quickly to "call bells", Repair noisy equipment. Soften lighting to create a peaceful mood.

Accreditation

Concord Hospital Health System is accredited through a company called DNV (Det Norske Veritas).

DNV is the first and only CMS approved accreditation service that surveys annually and integrates ISO 9001 quality methods with Medicare Conditions of Participation

In Spring 2024, Concord Hospital, Concord Hospital-Franklin and Concord Hospital-Laconia once again received full accreditation to DNV Healthcare Inc. / NIAHO® under deeming authority from CMS.

This accreditation recognizes and validates our compliance with NIAHO standards and Medicare's Conditions of Participation and further recognizes the great care we provide to our patients and their families.

November 2024

Emergency Plain Language Codes

- Concord Hospital Health System utilizes plain language to identify and announce any crisis or emergency on any of our campuses. There will be three types of alerts:
 - A '**Facility Alert**' is an emergency that may have impact on the physical structure or normal daily operations of the facility.
 - A '**Security Alert**' is an emergency that could impact the safety and security of patients, visitors, and staff.
 - A '**Medical Alert**' is for any situation that requires immediate medical attention.

Emergency Plain Language Codes

- Use the following phone extensions to report any of the codes described.
 - Concord Hospital Proper: 5555
 - Concord Hospital Franklin: 18999
 - Concord Hospital Laconia: 3999
- All other Concord Hospital Health System properties dial 911 and report your emergency to the operator on the line.
- Once the emergency is reported, the Call Center will then overhead page
- **TYPE of ALERT (e.g. Facility/Security/Medical), THE ISSUE, (e.g. Hazardous Materials Spill, Violent/Combative Person/Code Blue), followed by the specified location.**

Emergency Plain Language Codes

Facility:

Alert + Category --- STANDARD LANGUAGE ---	+ Location + Directions --- FLEXIBLE LANGUAGE ---
--	---

Former Terminology

FACILITY ALERT					Definitions/Notes
Event	Alert	Category	Location	Directions	
Evacuation	Facility Alert	Evacuation	Location	Directions	The action of leaving a place or area urgently.
Fire	Facility Alert	Code Red	Location	Directions	Signifies activation of a fire alarm with possible smoke or fire situation.
Hazardous Material Spill	Facility Alert	Hazardous Materials Spill	Location	Avoid the Area	On property hazmat release. Could include radiation. Trained individuals or team to respond and mitigate.
Decontamination	Facility Alert	Decontamination	ED	Directions	Initiated when persons present to the hospital with the need to be decontaminated prior to entering the facility. This alert will summons members of the decon team to the decon area in the ED.
Mass Casualty	Facility Alert	Mass Casualty	Location	Directions	A sudden influx of patients to the ED that requires additional medical and facility resources.
Medical Surge	Facility Alert	Medical Surge	Location	Directions	A slow build up of patients that overwhelms the facility.
Medical Surge ED	Facility Alert	Medical Surge ED	Location	Directions	Emerging surge coming into the ED, with potential to overwhelm the ED with their current resources.
Utility / Technology Interruption	Facility Alert	Utility/Technology Interruption	Location	Directions	Interruptions of various utilities and technologies.
WEATHER ALERT					Definition/Notes
Weather	Facility Alert	Severe Weather	Location	Directions	OPTIONAL PLAIN LANGUAGE ITEM

N/A
Code Red
Code Orange
Code Orange
Code White
Code Purple
Code Purple -- ED only
Code White

Code White -- External

Emergency Plain Language Codes

Medical

PLAIN LANGUAGE EMERGENCY CODES						
Recommended Plain Language						
Alert + Category --- STANDARD LANGUAGE ---		+ Location + Directions --- FLEXIBLE LANGUAGE---			Former Terminology	
MEDICAL ALERT					Definitions/Notes	
Event	Alert	Category	Location	Directions		
Medical Alert	Medical Alert	Code Blue	Location	Directions	Cardiac arrest situations – Both adult and pediatric	Code Blue/Pink
Medical Alert	Medical Alert	Rapid Response	Location	Directions	Hospital specific response teams	Rapid Response
Medical Alert	Medical Alert	Trauma Alert	Location	Directions	Hospital specific response teams	Trauma Alert
Medical Alert	Medical Alert	Trauma Activation Level I	Location	Directions	CHC Only	
Medical Alert	Medical Alert	Trauma Activation Level II	Location	Directions	CHC Only	
Medical Alert	Medical Alert	Stroke Alert	Location	Directions	Hospital specific response teams	Stroke Alert

Emergency Plain Language Codes

Security Alert

Alert + Category
--- STANDARD LANGUAGE ---

+ Location + Directions
--- FLEXIBLE LANGUAGE ---

Former Terminology

SECURITY ALERT					Definitions/Notes
Event	Alert	Category	Location	Directions	
Armed Intruder	Security Alert	Armed Intruder	Location	Directions	An individual actively engaged in killing or attempting to kill another with a weapon.
Violent/Combative Person	Security Alert	Violent/Combative Person	Location	Directions	Immediate assistance from a response team when a person becomes verbally or physically aggressive such that they represent a danger to self or others, or use physical aggression to destroy property.
Missing Person	Security Alert	Missing Person	Location	Directions	Individual whose whereabouts are unknown to the reporting party. Only to be used if there is strong reason to believe the person is missing and was not abducted.
Abduction	Security Alert	Abduction Infant/Child/Adult	Location	Directions	Individual, regardless of age, that has been taken or removed against their will. If you do not know if the individual is missing or abducted, consider them abducted.
Bomb Threat	Security Alert	Bomb Threat	Location	Directions	A threat, generally received verbally or in writing, indicating that an explosive device is in or on the facility campus.
Suspicious Package	Security Alert	Suspicious Package	Location	Directions	A letter, object, package, backpack, or similar that is of unknown origin, that poses a potential threat, that may be emitting an odor, powder, unknown substance or similar and requires a specialized response.
Emerging Security Threat	Security Alert	Emerging Security Threat	Location	Directions	Events emerging from a community incident that may impact security and safety at a CH campus or satellite location.

Code Silver
Code Grey
Code Amber
Code Amber
Code Black
Code Black
Code Yellow (CH only)

November 2024

Safety: Missing Person

- Missing Person should be called for a known or suspected missing or abducted person, such as a patient, employee, or visitor.
- Main Hospitals: Employees working in the main hospitals should call their respective emergency numbers:
 - Concord Hospital proper call 5555
 - Franklin call 18999
 - Laconia call 3999State **“Missing Person (Infant, Child, or Adult)”** and the **location** of the event.
- All other Concord Hospital Health System properties should call 911, report a missing or abducted person, and follow any instructions from law enforcement. CH Security may be called for support after notifying law enforcement.

Other Alerts

Rapid Response, Stroke Alert & Code Blue Purpose

To provide optimal response by a team of clinicians who bring critical care expertise to the patient's bedside or wherever it is needed in order to provide quality patient care in the most cost-effective manner.

Provisions shall be made to efficiently provide care for a patient who appears acutely ill, before a patient has a cardiac arrest or other adverse event

Rapid Response Procedures

The utilization of the Rapid Response team decreases the number of codes called

Inpatient area Rapid Response Team shall be comprised of:

- Hospitalist
- Nursing Supervisor
- Intensive Care Unit Nurse for adult patients
- Emergency Department Nurse or RP for Pediatric patients
- Respiratory Therapist
- Patients Primary Nurse will remain with patient

Outpatient areas should contact 911

Rapid Response Criteria

Adult

- *Staff Member is worried about the pt*
- *HR less than 40*
- *HR greater than 130*
- *RR less than 8 per min*
- *RR greater than 28 per min*
- *Systolic BP less than 90 mmHg*
- *O2 sat less than 90%*
- *Urine output less than 50 ml in 4 hrs*
- *Acute chest pain*
- *Acute hemorrhage*
- *Acute Mental Status Change*

Child

- *Staff Member is worried about the pt*
- *Acute drop in O2 saturations*
- *Decreased urine output*
- *Altered mental Function*
- *Acute change in vital signs*

Calling an Alert

How to call a Rapid Response

Concord Hospital Proper - Dial “5555”; Laconia - Dial “3999”; Franklin – Dial “18999”

- State, “Rapid Response Team to _____
(Patient Care Unit & room number)”

How to call a Code Blue

Concord Hospital Proper – Dial “5555”; Laconia - Dial “3999”; Franklin – Dial “18999”

- State, “Code Blue or Code Blue Pediatric to _____
(Patient Care Unit & room number)”

Fire Safety: RACE

- Remember RACE:

Remove anyone in immediate danger

Alarm – Use pull stations to activate alarms.

Dial the following:

Concord – 5555, Franklin – 18999, Laconia – 3999

or 911 at all other health system locations to notify first responders.

Contain – close all doors

Extinguish the fire if possible and safe to do so.

- Pull stations are located by stairwells and at entrances and exits.
- Keep hallways clear of clutter and unused equipment.



Fire Safety: PASS

- Remember PASS when using a Fire Extinguisher:
 - Pull the pin on the fire extinguisher.
 - Aim the nozzle at the base of the fire.
 - Squeeze the handle.
 - Sweep side to side.
- Know how to shut off medical gases when used in your department and who has the authority to do so.

Safety: Patient Evacuation

- The Fire Chief or Incident Commander will make the decision on evacuation of patients.
 - Ambulatory patients/visitors are moved first. Form a line with a staff member in front and back to guide them.
 - Wheelchair patients are moved second.
 - Bed-ridden patients are moved last.
 - Evacuate patients on the same level laterally if possible. Use as few sets of stairs as possible and go down.
 - Hallway doors that close during fire alarm are marked with SMOKE or FIRE to help you to know when you've moved into a different smoke or fire compartment.
 - Always try to move two compartments away from the emergency.

Safety: Medical Devices

- When working with any medical device or anything electrical, follow these safety procedures:
 - Grasp the plug, not the wire to unplug an electrical cord.
 - Plug medical devices directly into the wall. Medical devices should never be plugged into power strips.
- **If equipment is in disrepair or suspected to be broken:**
 - Remove it from patient use and save any associated product and packaging, even if disposable.
 - Label it as broken using Non-Conforming Product tags.
 - **REPORT** it. Talk to your manager/supervisor and submit an iCare. The Safe Medical Device Act requires hospitals to report to the FDA equipment which may have contributed to or caused patient harm.

Safety: Power Outage

- If the power goes out:
 - Use **RED** emergency outlets for equipment required for **patients**.
 - Most medical equipment has battery back-up, but if the power outage is lengthy, batteries may need to be recharged in **RED** outlets.



Managing Hazardous Pharmaceutical Waste

266.502(a)

Who Must Be Trained?

- Under the Resource Conservation and Recovery Act (RCRA), EPA regulations require employees with hazardous waste related duties and whose actions could affect non-compliance to receive training...
 - Clinical Staff– Pharmaceutical Waste (Satellite Areas)
 - Employees responsible for handling hazardous waste containers
 - (i.e., labeling, moving, shipping)
 - Employees responsible for conducting inspections of HW storage areas



Managing Hazardous Pharmaceutical Waste

266.502(b)

Who must be trained?

- Hazardous Waste management procedures relevant to the positions in which personnel are employed...
 - Storage requirements
 - Container management
 - Container labeling
- Emergency Response
 - Ensure personnel are able to respond effectively to emergencies



The Waste

266.500

- Pharmaceutical Waste (Rx) is any drug or dietary supplement for use by humans that is...
 - No longer used for its intended purpose.
 - Expired or nonconforming.
-
- Pharmaceutical waste is non-creditable leftover or unused medication contained in...
 - Vials, Ampoules, bottles.
 - IV bags.
 - Oral medications.
 - Ointments and Creams.
 - Pressurized Aerosols / Inhalers.
 - PPE contaminated with pharmaceuticals.
 - Clean-up material from spills of pharmaceuticals.



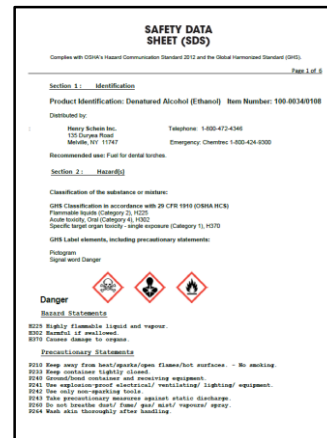
Note: Hand Sanitizer and Isopropyl Alcohol are considered hazardous pharmaceuticals

Managing Hazardous Pharmaceutical Waste

What are the Hazards?

- Pharmaceutical waste may be hazardous for several reasons, including. . .

- Ignitable
- Toxic
- Corrosive
- Reactive



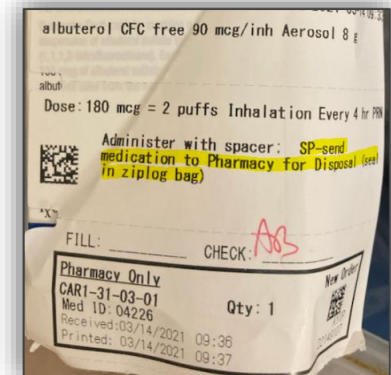
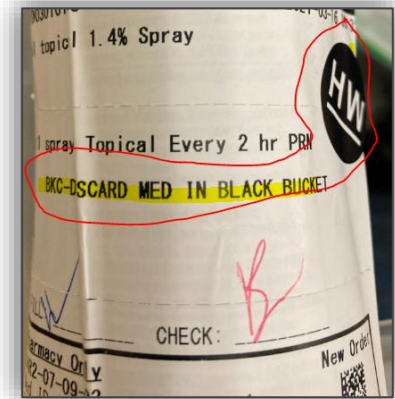
Waste Determination

266.502(c)

To safely dispose of waste pharmaceuticals in the proper location, a waste determination needs to be completed.

- The Pharmacy and Safety department perform this based on the pharmaceutical's NDC number, generator knowledge and Safety Data Sheets.
- If a pharmaceutical has been determined to be hazardous, it will be labeled with a **black dot sticker** and a message/code to indicate the proper disposal.
- Non-hazardous pharmaceuticals are not given a message or code. (This is the majority of the formulary)

HW



Concord:

Message or Code	Action
NO CODE	Dispose in Blue Container
BKC & PBKC	Dispose in Black Container
SP, SPC, SPO & SPLP	Seal in Ziploc bag and Send to Pharmacy

At CH Laconia/Franklin, Non-hazardous Pharmaceuticals Are Disposed As Hazardous Waste

New Pharmaceutical Rules

261.33

- New Hampshire recently adopted new EPA regulations related to the disposal of pharmaceutical waste. These regulations were designed to reduce some of the regulatory burden on healthcare facilities. Some of the changes include...
 - Nicotine patches/gums/lozenges are no longer considered hazardous waste. Wrappers and packaging can be disposed in the trash.
 - PBKC coded waste such as Coumadin and Jantoven (Warfarin) are still hazardous, but we can now dispose of their wrappers or containers that held them in the trash.
 - The definition of an “Empty” container has been modified.



What Is Considered “Empty”

(261.7 & 266.507)

- If a Rx container (IV bag / tubing, vial, ampule, bottle) is “Empty”, it can be disposed in the normal trash along with outer containers and wrappers.
~~~Always remove Protected Health Information (PHI) first~~~

| HW                                                                                         | Hazardous Waste Pharmaceuticals - What Is Considered Empty?                                                      |                                                                                                                  |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
|                                                                                            | If it's Coded BKC, SP, SPC, SPO & SPLP                                                                           | If it's Coded PBKC                                                                                               |
| Stock/Dispensing Bottles (not to exceed 1 liter or 10,000 pills) & unit-dose containers    | Contents have been removed using the practices commonly employed to remove materials from that type of container | Contents have been removed using the practices commonly employed to remove materials from that type of container |
| Syringes                                                                                   | Contents have been removed by fully depressing the plunger                                                       | Contents have been removed by fully depressing the plunger                                                       |
| IV Bags                                                                                    | Fully administer contents or no more than 3% by weight remains                                                   | Fully administer contents                                                                                        |
| Other containers: inhalers, aerosol cans, nebulizers, tubes of ointments, gels, or creams. | no more than 3% by weight remains                                                                                | Can never be considered empty                                                                                    |



# Non-Hazardous Rx Waste

Concord Hospital System policy requires **ALL PHARMACEUTICALS** be collected for disposal. No pharmaceutical shall be disposed in regular trash containers.

- Concord uses **Blue** containers (see next slide)
- Laconia and Franklin, non-hazardous waste is with hazardous waste and **must** be disposed in a **black hazardous waste container**.




- To prevent leakage:
  - Place non empty IV bags in Ziploc bag prior to disposal.
  - Cap Ointments / Creams prior to disposal.

Non-hazardous pharmaceuticals will not contain a message/code.

**Note: Always keep container closed unless adding waste**

# Non-Hazardous Rx Waste Concord – Blue Container


- Any pharmaceutical **without** a message/code, dispose in **Blue** waste container such as non empty:
  - IV bags (Place in Ziploc bag prior to disposal to prevent leakage)
  - Unused Pills and Capsules
  - Partial Vials
  - Ointments / Creams (Cap prior to disposal)
  - Examples: Epinephrine, Lidocaine, Bupivacaine
- What does **NOT** go into the **Blue** container:
  - DEA Controlled Substances
  - Sharps
  - “Empty” containers, wrappers, trash
  - Pharmaceuticals labeled with  or a message/code
  - Unused Formalin
- Note: Always keep container closed unless adding waste



## BLUE CONTAINER (8-gallon)

92% of All Rx Waste Will Go Into This Container

# Hazardous Rx Waste (BLACK CONTAINER)


- Any pharmaceutical labeled with a  sticker or a message/code “BKC or PBKC” dispose in **Black** container such as non empty:
  - IV bags (Place in Ziploc bag prior to disposal to prevent leakage)
  - Unused Pills and Capsules (Coumadin - Warfarin)
  - Partial Vials & Insulin Pens (Humalog)
  - Ointments / Creams (Silver Sulfadiazine)
- What does **NOT** go into the Black container:
  - DEA Controlled Substances (Narcotics)
  - Sharps
  - “Empty” containers, wrappers, trash
  - Waste with no message/code
  - Unused Formalin

**Note:** Always keep container closed unless adding waste

BLACK CONTAINER (8-gallon, 2-gallon)



# Hazardous Rx Waste

- Hazardous Waste pharmaceuticals are labeled with a  sticker and will have a message/code with additional instructions for disposal.

## Message Code Examples...

- **BKC** - Dispose of the pharmaceutical by placing it into a black Hazardous Waste container.
- **PBKC** - Dispose of the pharmaceutical and it's packaging in a Ziploc bag prior to putting it into a black Hazardous Waste container.



*Always keep containers  
closed unless adding waste*

- **SP** - Send to the Pharmacy (in a labeled Ziploc bag) for proper disposal.

# Hazardous Rx Waste

- Some products not distributed by the pharmacy are also considered hazardous waste pharmaceuticals when used for patient care. These will not contain a specific waste code or sticker but must also be disposed in a **Black Hazardous Waste** container. Examples:

- Mastisol
- Detachol
- Dermabond
- Hand Sanitizer
- Bone Cement
- Alcohol Wipes
- Isopropyl Alcohol.
- ChloraPrep Swabstick
- PureHub disinfecting Caps
- Compound Tincture of Benzoin Swabstick



**BLACK CONTAINER (8-gallon, 2-gallon)**

# Hazardous Rx Waste (INCOMPATIBLE PHARMACEUTICALS)

- Some waste pharmaceuticals are not compatible with other wastes and therefore **CANNOT** be placed in the same container due to Department of Transportation (DOT) regulations, or because they may cause a dangerous chemical reaction.
- These **Incompatible** pharmaceuticals will have a special “S” code and must be placed in a tightly sealed Ziploc bag and returned to the Pharmacy. **(Please Do not use Biohazard bags)**
- “S” Codes & Examples:
  - SP - Pressurized aerosols (Ventolin, Dermoplast, Topex, Pain Ease)
  - SPC, – Corrosives (Multitrac, Neomycin/Polymyxin/Hydrocortisone otic)
  - SPO – Oxidizers (Silver Nitrate Sticks, Varithena)
  - SPLP – Lab Pack (Collodion, Doxycycline)



**Note: Do Not send these wastes through the tube transfer system**

# Pharmaceuticals In a Sharp?

## (BLACK SHARPS CONTAINER)

### CONCORD

- Dispose of Pharmaceuticals contained in a non empty **Sharp** including:
  - Partial Syringes
  - Snapped ampoules



- What does **NOT** go in the container:
  - DEA Controlled Substances (Narcotics)
  - Free liquids – Do not “shoot” Rx into container
  - Empty containers and wrappers
  - Waste with a Special “S” code



*Note: Always keep container closed (Red plug) unless adding waste*

**BLACK CONTAINER (Sharps)**

# Syringes/Sharps

## Laconia/Franklin

- Pharmaceuticals remaining in a syringe or snapped ampule must be...
- Dispense into a zip lock bag containing absorbent material such as gauze or paper towel, then seal and dispose bag into hazardous waste container...



OR



- Dispensed into DEA regulated drug disposal container.



~~~The sharp then gets disposed in sharps container~~~



A Note Regarding IV Spikes (SBAR)

| | |
|----------|---|
| S | Situation:
We are seeing an increasing number of <u>unprotected</u> sharps (IV spikes) in the pharmaceutical waste containers and trash bags at Concord Hospital - Concord. |
| B | Background
There have been past occurrences of employees receiving laceration, puncture, and scratch injuries from IV spikes poking through trash bags. Likewise, leaking pharmaceutical waste shipping containers have also been attributed to IV spikes poking through container liners. |
| A | Assessment
It is critical that <u>unprotected</u> sharp items such as IV spikes are not disposed in pharmaceutical waste containers or in trash receptacles where they can harm staff and vendors who handle the containers. |
| R | Recommendation <ol style="list-style-type: none">1) Prior to disposing of IV tubing with a spike, verify that the spike is securely attached to an IV bag or bottle.2) If there is no IV bag or bottle, either place a protective cap over the spike or cut the spike from the tubing and dispose in a sharps container.3) IV spikes contaminated with blood or other potentially infectious materials shall be disposed in a sharps container.4) Needle sharps shall always be disposed in a sharps container. |



Controlled Medications (Narcotics)

(266.506)

- **DEA regulated** “controlled” pharmaceuticals must be disposed in a container such as “Drug Buster” or Cactus Sink.

This is meant to render the substance non-retrievable.

- Pharmaceuticals include...
 - Partial liquid Doses.
 - Unused Pills and Capsules.
 - Patches.
- What does **NOT** go in the container...
 - Sharps
 - Empty containers / vials wrappers
 - Rx waste with any other type of message/code



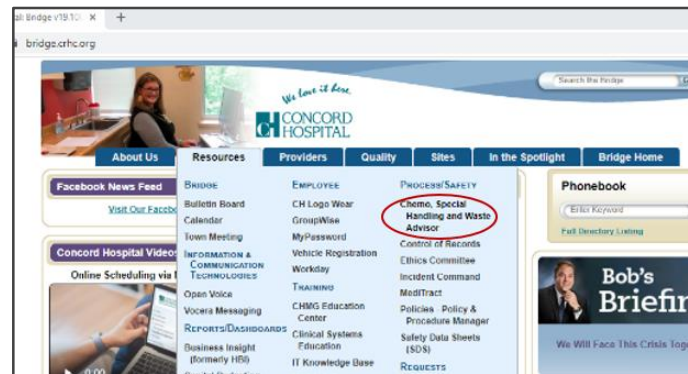
**Never dispose of Hazardous Waste
Pharmaceuticals in the Cactus Sink!**

Still Not Sure Where to Dispose? (Waste Advisor)

If you are still not sure where to dispose of a waste, the “Waste Advisor” app on the CH “Bridge” is a great resource.

You can also call the Safety Department at...

603-227-7000 X 7206 (Concord)
603-527-2983 (Laconia/Franklin)



The screenshot shows the 'Chemo, Special Handling and Waste Advisor' app interface. The title is 'Chemo, Special Handling and Waste Advisor'. Below the title, it says 'Search medications by typing the name in the box below. As you type, medications will be presented.' There is a search box with the text 'Chloraseptic Spray (phenol topical)'. A blue arrow points to the search box with the label 'Type in name'. Below the search box, it says 'Your Last Lookup Was: Chloraseptic Spray (phenol topical)'. Below that, there is a table with the following data:

| Brand Name | Generic Name | Strength | Form | Waste/Handling Code |
|--------------------|----------------|----------|-------|---------------------|
| Chloraseptic Spray | phenol topical | | Spray | BKC |

A blue arrow points to the 'Waste/Handling Code' column with the label 'Click on Blue Icon'.

Where Not to Dispose

266.505

Do Not dispose of pharmaceuticals down a drain.
(Sink or Toilet)



- The discovery of a variety of pharmaceuticals in surface, ground, and drinking waters around the country has raised concerns about the potentially adverse environmental consequences of these contaminants.
- In 2019, EPA passed regulation that prohibits sewerage of hazardous pharmaceuticals.
- **Exception:** Plain IV bags (No medications added) can be drained into a sink or toilet. Examples: Saline, Potassium, D5, Electrolytes, Lactated Ringers.



Where Not to Dispose

Do Not dispose of NON-EMPTY syringes, vials, or ampules containing pharmaceuticals in a Red Sharps container.

For Concord: Non empty syringes containing pharmaceuticals should be disposed in a black sharps container.

The process for treating and disposing of regulated medical waste in the Red waste containers does not effectively eliminate active pharmaceutical ingredients and therefore poses a potential threat to workers and the environment.



What About...?

(normal trash)

Not everything needs to be disposed in a designated Hazardous Waste container.

Containers that are “Empty” including IV bags/tubing, vials, ampules, and bottles along with outer containers, wrappers, and other trash type items should be disposed in the normal trash.



- Proper disposal of these items helps reduce Concord Hospital's medical waste expenses.
- Always remove Protected Health Information (PHI) prior to disposing in trash.





Definition of “Empty”

When all of the product has been removed using common practices for the type of container and no more than 3% remains.



Battery Disposal

Some batteries are hazardous because they contain toxic metals or acid, so they need to be disposed of properly. If you have any of the following rechargeable type batteries that are no longer usable, contact Safety Department for pickup.

- *Nickel-cadmium* 
- *Lead-acid* 
- *Nickel metal hydride* 
- *Lithium-Ion* 
- *Button Cell*

Safety Department
603-227-7000 X 7206
(Concord)
603-527-2983
(Laconia/Franklin)

Place tape over waste battery electrodes to prevent shorting from contact with other batteries or metal



Note: Alkaline batteries are non-hazardous and may be disposed of in the regular trash.

What Are My Responsibilities?

To ensure compliance, Clinical staff shall...

- Keep containers closed unless adding waste.
- Keep all waste contained within the Rx waste container. Do not overfill
- Keep container labels clearly visible, i.e. not blocked by equipment or furniture.
- Keep any Hazardous Waste literature posted and accessible.



**Hazardous Waste
Waste Pharmaceuticals**
Waste Codes:
PHARM
HAZARD: Toxic/Ignitable
Contact Facility services when container is $\frac{3}{4}$ full
Extension 3443 (Laconia/Franklin) or
Environmental Services x 3550(Concord)
NO SMOKING

Safety: Safety Data Sheets (SDS)

- A key component of the hazard communication plan is the Safety Data Sheet (SDS). SDS are standardized documents prepared by the manufacture of hazardous chemicals that provide important safety and health information regarding the hazards posed by the chemical along with precautions to take during use. The ultimate objective of the SDS is to provide the necessary information to protect you from the hazards of chemicals during use and during emergencies.

The SDS is formatted using the Globally Harmonized System of Classification and Labeling of Chemicals (GHS) and contains a complete and detailed description of the chemical using a specified 16-section format including:

- Hazard(s) identified and warning information
- Physical and Chemical properties
- Safe handling and storage
- Personal protective equipment (PPE) selection to minimize exposure
- First aid measures
- Spill clean-up procedures
- Fire-fighting measures



Note: Always read the product label and Safety Data Sheet prior to using a product for the first time.

Safety: Safety Data Sheets (SDS)

In compliance with the OSHA Hazard Communication Standard, Concord Hospital maintains readily accessible copies of a SDS for each hazardous chemical used within the hospital system. An SDS can be easily accessed by doing the following:

1. Go to the Concord Hospital Bridge site
2. Select the Resources tab
3. Select SDS under Process/Safety
4. Enter the product name in the search field



NOTE: During system related network outages, contact the local nurse supervisor or the Safety Department to access offline copies of an SDS.

Armed Intruder

- An Armed intruder is an individual who is actively engaged in killing or attempting to kill people in a confined or populated area. In most cases, Armed Intruders use firearms. However, many other weapons can cause significant injury or death. There may not be a pattern or method to their selection of victims.
- Armed intruder events are dynamic and fast changing. Employees may have to alter their response strategy to protect themselves as the event unfolds.

Armed Intruder

- Moral Authority
 - No single response, or procedural response, fits all deadly force situations. Those confronted with deadly force will rarely have all the information required to make a fully informed decision. Every individual is empowered with the right to determine what actions they will take in a deadly force situation based upon their reasonable judgement, the safety concerns for all involved, the information available to them at that time regarding the nature of the threat and the protection afforded by their environment.
 - In areas where employees are involved in direct patient care, this may include leaving your patients to protect yourself until the event is over, to be available to assist with the recovery after the event.

Armed Intruder

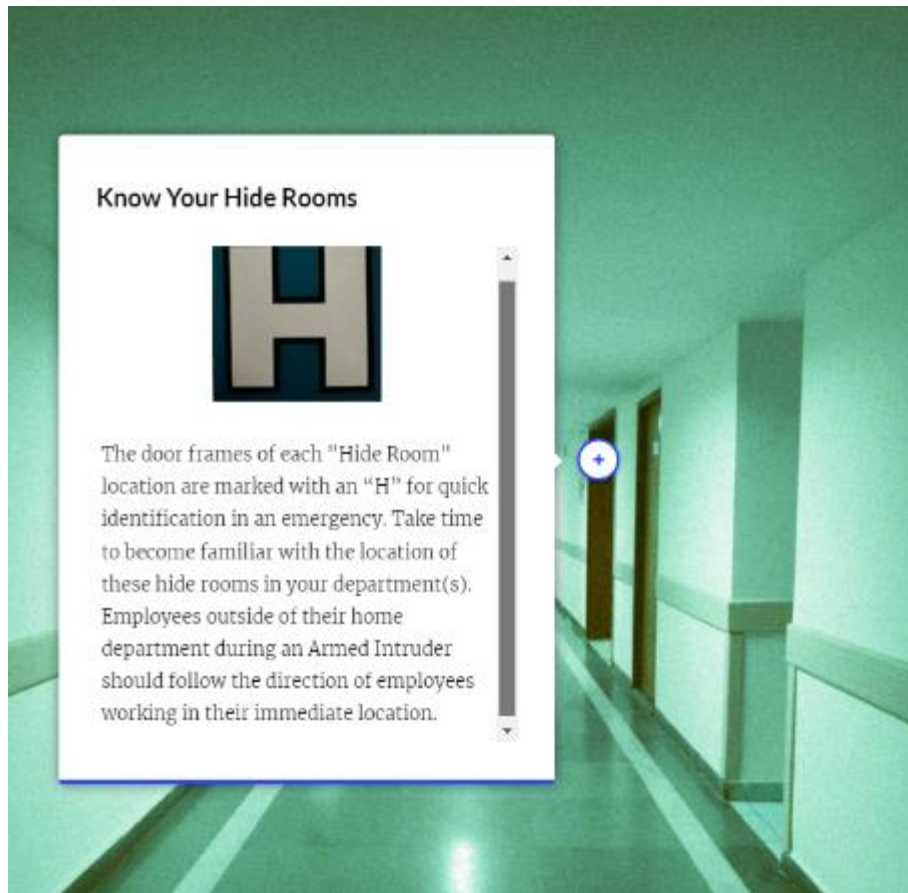
- Notification
 - Notification of an event will be with the announcement of "Armed Intruder." Occupants may be made aware of an event in a variety of ways including but not limited to:
 - CHShield
 - Overhead page
 - Vocera
 - Portable radio
 - Telephone
 - Cellular phones
 - Code Update via pager and e-mail
 - Verbal notification
 - Sounds of firearm discharging
 - Social media

Armed Intruder

- **Responding to an Armed Intruder**
 - Using one's moral authority and best judgement with the information available at that time
- **Avoid**
 - When you are advised or become aware that the Armed Intruder is in your immediate area, you are in imminent danger. Create distance between you and the Armed Intruder using predetermined routes to AVOID the Armed Intruder if it is safe to do so.
- **Hide**
 - Once the distance has been created between you and the Armed Intruder, or you can't safely create distance, take shelter in a designated hide room or behind any other barrier that provides personal safety.
- **Fight**
 - Only after options to AVOID and HIDE have been exhausted or are not immediately available should you then use any means available to protect yourself and others.

Armed Intruder

- **KNOW YOUR HIDE ROOMS**



Armed Intruder

- What to do when law enforcement arrives:
 - If you are rendering aid to others, remain calm and follow the officers' instructions
 - Immediately raise hands and spread fingers if requested to do so.
 - Keep hands visible at all times.
 - Avoid making quick movements
 - Avoid pointing, screaming, and yelling.
 - If you have been instructed to evacuate by law enforcement; follow their direction.

Armed Intruder

- During an Armed Intruder situation, unless the **"ALL CLEAR"** notification is made, employees shall not respond to emergency overhead pages (Code Red, Missing Person, Code Blue etc.) or any activation of the fire alarm system (horns and strobe lights) unless there is evidence of smoke or flames in your immediate area. Employees may still take steps to preserve life and property in the immediate area where they are sheltering, in the event of a fire or other emergency, provided they are not endangering themselves or others.

Armed Intruder

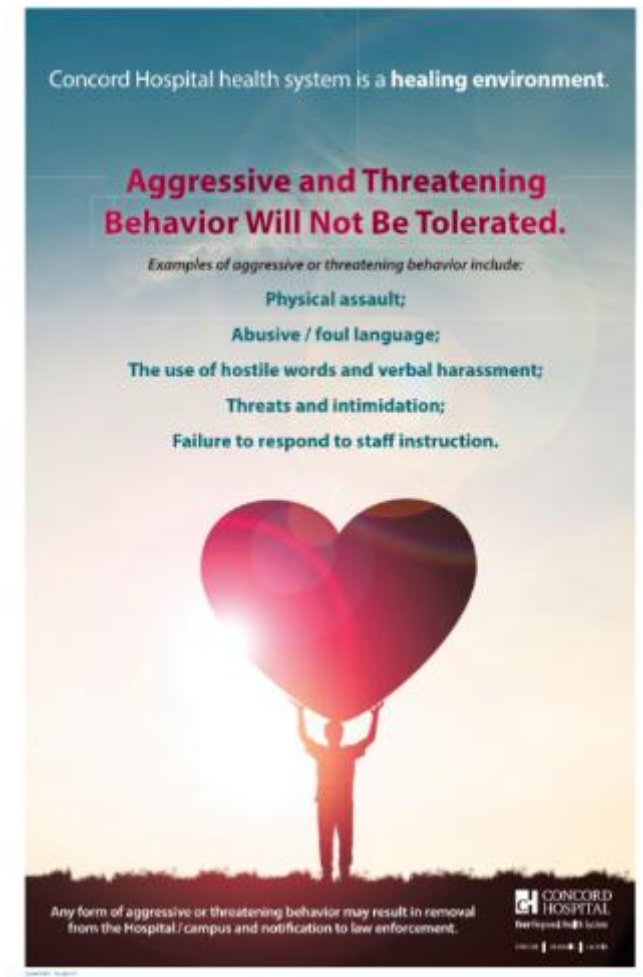
- **The ALL CLEAR Announcement**
 - After the Armed Intruder(s) have been incapacitated, and the threat has been neutralized, law enforcement will authorize the "ALL CLEAR" notification for the entire enterprise.
 - The "all clear" notification, as well as any additional information, will be communicated through the same options as used to initiate the Armed Intruder alert.
 - A member of law enforcement may accompany an employee throughout as much of the property as they deem necessary to re-establish normal operations of the hospital or location of the incident.

Workplace Violence

- Concord Hospital Health System believes that all employees and medical staff are entitled to a safe, non-threatening workplace environment. Any form of violence, threats of violence, hostile words, or harassment committed by anyone in the workplace are not allowed and may be unlawful.
- Workplace violence means any act or threat of physical violence, harassment, intimidation, or other threatening behavior. (RSA 151:53-I(a))
- Hostile words means aggressive and belligerent verbal abuse in which the recipient reasonably believes that the speaker intends to injure or create excessive stress, or in which the recipient suffers actual psychological trauma. (RSA 151:53-I(b))

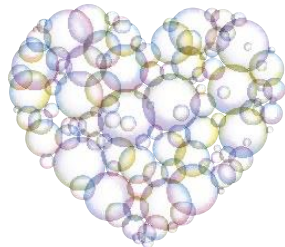
Workplace Violence

- Additional examples include:
 - Threats via email, internet communication or voicemail
 - Possession of a weapon (with exceptions, such as security, law enforcement)
 - Violation of protective/restraining orders
- Any student concerned about violent or threatening behavior, or in a situation perceived as creating a hostile or unsafe work environment should contact their instructor/preceptor.



Hand Hygiene

Why Hand Hygiene is Important



According to the Centers for Disease Control and Prevention, every year an estimated 2 million patients get a healthcare-associated infection (HAI). *

Hospital-related infections include:

- Central line associated bloodstream infections (CLABSI)
- Catheter associated urinary tract infections (CAUTI)
- Surgical Site Infections (SSI)
- Hospital-onset C. difficile infections (CDI-HO)

Of those 2 million patients, 90,000 die from their infection.*

Many infections are transmitted on the hands of healthcare providers and hand hygiene can reduce the transmission of healthcare-associated infections.*

Proper hand hygiene prevents up to 50% of avoidable infections acquired during health care delivery, including those impacting the health work force.**

* Centers for Disease Control and Prevention. (2023). Slide 10 | [CDC Hand Hygiene Interactive Education](#).

**World Health Organization. (n.d.). [Guidelines and evidence \(who.int\)](#)

Hand Hygiene

CONCORD HOSPITAL HEALTH SYSTEM | Hand Hygiene Education

When to Perform Hand Hygiene



Hand Hygiene

How to Perform Hand Hygiene

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds



Steps 2-7 about 15-20 seconds!



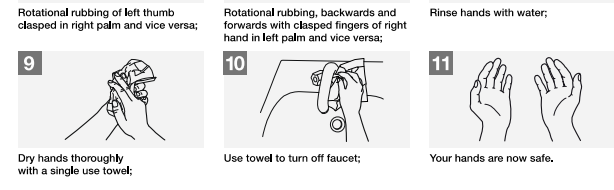
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

⌚ Duration of the entire procedure: 40-60 seconds



Rub your hands together for at least 15 seconds!



World Health Organization

Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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May 2020

Hand Hygiene

When and How to Wear Gloves



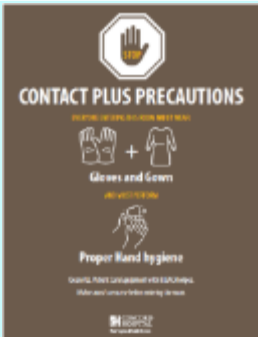

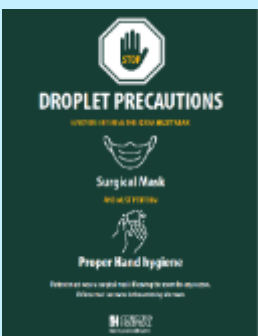
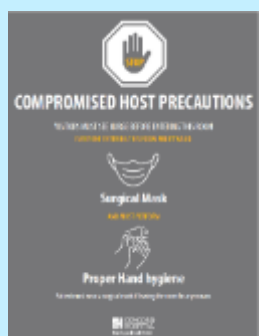


- Wear gloves, according to Standard Precautions, when it can be reasonably anticipated that contact with blood or other potential infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur.
- **Gloves are not a substitute for hand hygiene!**
 - If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the patient, or the patient environment.
 - Perform hand hygiene immediately after removing gloves.
- Change gloves and perform hand hygiene during patient care, if
 - Gloves become damaged,
 - Gloves become visibly soiled with blood or body fluids following a task,
 - Moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs.
- Never wear the same pair of gloves in the care of more than one patient.
- Carefully remove gloves to prevent hand contamination.

Infection Prevention: Standard Precautions

- All patients should be considered infectious with the use of STANDARD PRECAUTIONS at all times and appropriate use of PPE depending upon individual situations.
- Clean hands frequently, including after removing your gloves.
- Gloves keep from transmitting infection via your hands.
- Gowns protect your clothing.
- Goggles/eye protection protects from droplets and splash.
- Masks protect from aerosols and droplets.
- Follow respiratory hygiene and cough etiquette guidelines.
- Wear your mask properly, covering your nose and mouth

In addition to Standard Precautions, use the following Isolation Precautions:

| | | | |
|--|--|--|---|
|  <p>CONTACT PRECAUTIONS
 <small>PREVENTING THE SPREAD OF MRSA</small></p> <p>Gloves and Gown
 <small>WEAR THEM!</small></p> <p>Proper Hand hygiene</p> <p><small>Always enter or exit rooms with gloves or gowns if patient's wounds, lesions, or dressings are exposed.</small></p> | <ul style="list-style-type: none"> Gloves and gown for <u>every</u> room entry <i>Common</i> pathogens:
MRSA – uncontained draining wound
ESBL – active, current infection |  <p>DROPLET PLUS PRECAUTIONS
 <small>PREVENTING THE SPREAD OF COVID-19</small></p> <p>N-95 Respirator and Eye Protection
 <small>WEAR THEM!</small></p> <p>Proper Hand hygiene</p> <p><small>Patients are not wearing masks. Staffing should be increased to ensure appropriate distancing.</small></p> | <ul style="list-style-type: none"> N95 respirator/PaPR and eye protection for <u>every</u> room entry Patient should wear mask for all interactions/when leaving room NO negative pressure required <i>Common</i> pathogens: COVID-19, Influenza |
|  <p>CONTACT PLUS PRECAUTIONS
 <small>PREVENTING THE SPREAD OF MRSA</small></p> <p>Gloves and Gown
 <small>WEAR THEM!</small></p> <p>Proper Hand hygiene</p> <p><small>Always enter or exit rooms with gloves and gowns.</small></p> | <ul style="list-style-type: none"> Gloves and gown for <u>every</u> room entry BLEACH wipes to clean reusable items <i>Common</i> pathogens: C. Difficile, Norovirus (mask when patient vomiting)
CRE – current/history of infection |  <p>AIRBORNE PRECAUTIONS
 <small>PREVENTING THE SPREAD OF TB</small></p> <p>N-95 Respirator
 <small>WEAR THEM!</small></p> <p>Proper Hand hygiene</p> <p><small>Patients are not wearing masks. Staffing should be increased to ensure appropriate distancing.</small></p> | <ul style="list-style-type: none"> N95 respirator/PaPR for <u>every</u> room entry Patient should wear mask for all interactions/when leaving room Negative pressure <i>required</i> with door closed <i>Common</i> pathogens: TB, chicken pox, disseminated shingles |
|  <p>DROPLET PRECAUTIONS
 <small>PREVENTING THE SPREAD OF COVID-19</small></p> <p>Surgical Mask
 <small>WEAR THEM!</small></p> <p>Proper Hand hygiene</p> <p><small>Patients are not wearing masks. Staffing should be increased to ensure appropriate distancing.</small></p> | <ul style="list-style-type: none"> Procedure/surgical mask for every room entry Patient should wear a mask for all interactions/when leaving room <i>Common</i> pathogens: meningitis, pertussis, mumps, H. influenzae pneumonia |  <p>COMPROMISED HOST PRECAUTIONS
 <small>PREVENTING THE SPREAD OF COVID-19</small></p> <p>Surgical Mask
 <small>WEAR THEM!</small></p> <p>Proper Hand hygiene</p> <p><small>Patients are not wearing masks. Staffing should be increased to ensure appropriate distancing.</small></p> | <ul style="list-style-type: none"> Procedure/surgical mask for <u>every</u> room entry Patient should wear mask for all interactions Indication: immune compromised patient w/ANC <500 or provider preference |

Personal Protective Equipment (PPE)

- Location of PPE varies depending upon the unit and hospital:
 - Some units have cabinets outside the rooms
 - Other units have yellow carts (see picture)
 - Laconia and Franklin have yellow carts placed outside each room needing isolation precaution
- Goggles and eye protection should be cleaned using hospital-approved disinfecting wipes and reused once dry → extended use is allowed with proper cleaning
- Masks and gowns should be changed after every patient interaction → extended use is no longer allowed



Infection Prevention: Bloodborne Pathogens

Bloodborne Pathogens

Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These Pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV).

Needle sticks and other sharps-related injuries may

expose workers to bloodborne pathogens.

Workers

in many occupations including first responders, house-

keeping personnel in some industries, nurses and other healthcare personnel, all may be at risk for exposure to bloodborne pathogens.



Exposure to bloodborne pathogens can occur from:

- Sharps injuries (i.e. needle sticks, scalpel cuts)
- Splash to mucous membranes
- Exposure through cuts on hands or non-intact skin
- Sharps containers that are overfull

Infection Prevention: Bloodborne Pathogens

There are many tasks and procedures at Concord Hospital where employees (clinical and non clinical) may handle blood or other potentially infectious material that may result in an exposure event

| Task/Procedure | Job Classification | Department/Location |
|-----------------------------------|--|---|
| Acupuncture | Naturopath Acupuncturist | CHMG***, Patient Care Units* |
| Cardiac catheterization | Cardiac Cath Tech, Cath Lab RN | Cardiovascular Services |
| Cleaning – Patient Care Areas | ES Support Specialist, Support Partner, OR Assistant, Anesthesia Tech | Environmental Services, Patient Care Units*, FHC**, CHMG***, Surgical Services |
| Combative Patient Assist | Security Officer | Security |
| Delivery Room Assist | RN, ED Tech | Family Place |
| Equipment repair | Biomed Tech | Biomedical Engineering |
| Multiple Trauma Assist | RN, ED Tech | Emergency Department, WIUCC |
| Ortho Pat Management | RN | Patient Care Units*, FHC**, CHMG*** |
| Patient Care | RN, LNA, MA | Patient Care Units*, FHC**, CHMG*** |
| Plumbing Repairs | Plumbers | Facilities Operations |
| Processing Contaminated Equipment | Central Supply Tech | Materials Management, CHMG*** |
| Pulmonary Treatments | Respiratory Therapy | Respiratory Services |
| Radiology Procedure Assist | RN, Tech | Radiology |
| Specimen Transport | CLA, PLA, Transporter, Secretary, Care Partner, Courier | Laboratory, Messenger Transport, Patient Care Units*, FHC**, CHMG***, Courier Services |
| Specimen Processing | CLA, PLA, MT, MLT, Specimen Control, Respiratory Therapist | Laboratory, Respiratory Services |
| Surgery Assist | RN, Tech | Surgical Services, ACC |
| Patient Transport | Transporters | Messenger Transport |
| Vascular Access | MT, MLT, Phlebotomist, Occupational Health RN, IV RN, RN, Radiology Tech, Nursing Supervisor | Laboratory, Occupation/Employee Health Services, Professional Practice and Development, IV Team, Patient Care Units*, FHC**, CHMG***, Radiology |

Infection Prevention: Bloodborne Pathogens - Controls

- Engineering Controls – reduce employee exposure by removing the hazard or isolating the worker
 - Examples include:
 - Sharps disposal containers
 - Self-sheathing needles
 - Safer medical devices including needless systems and sharps with engineered sharp injury protections
- Work Control Practices – reduce the likelihood of exposure by altering how a task is performed
 - Examples include:
 - Performing hand hygiene after removing gloves and as soon as possible after exposure
 - Do not bend or break sharps
 - Placing reusable contaminated sharps in appropriate containers until they can be properly reprocessed
 - **Do Not** eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas.
- Safe Injection Practices
 - “one syringe, one needle, one patient”
 - Prevent contamination by using a sterile, single-use, disposable needle and syringe for each injection given
 - Using single dose vials whenever possible
 - If multi-dose vials are used, use sterile, single-use needles and syringes to access the vial for each access
 - Proper storage of multi-dose vials according to manufacturer guidelines.

Infection Prevention: Bloodborne Pathogens

Identifying potentially infectious materials

- Biohazard labels and signs communicate at risk material
- Warning labels must be affixed to following to identify:
 - Containers of regulated waste
 - Containers used to store, transport, or ship blood or other infectious material
 - Containers of contaminated reusable sharps
 - Refrigerators and freezers containing blood or other infectious material
- Red bags or red containers may also be used instead of labels



How do you prevent exposure?

- Use sharps safety equipment
- Never recap used needles
- Discard needles and syringes into appropriate sharps containers
- Discard potentially infectious waste in **red** bags
- Use caution with **red** biohazard-labeled bags
- Always use Standard Precautions



Infection Prevention: What to do if you have a bloodborne pathogen exposure?

1. Wash exposed area with soap and water or flush/irrigate mucous membranes with large amounts of water.
2. Notify Department Manager/Resource Person, your manager/resource person will notify the Nursing Supervisor.
3. Initiate Employee Injury or Condition Report and send to manager within 24 hours.
4. Review exposure event with Nursing Supervisor to determine exposure type and next steps.
5. Complete an iCare.
6. If an exposure is determined or if additional care is required from injury, the Nursing Supervisor will coordinate with ED resource person for treatment.
 - Next steps may include: obtaining baseline labs, follow-up counseling, and/or treatment based on exposure type.
7. Post exposure, Employee Health will also be notified for follow up with employee.

Substance Use Disorder and Drug Diversion

Substance Use Disorder

- Substance use disorder (SUD) is a complex condition in which there is uncontrolled use of a substance despite harmful consequences.
- SUD can affect anyone regardless of age, occupation, economic circumstances, ethnic background or gender.
- Healthcare workers are NOT immune to developing SUD.
 - It is estimated that approximately 15% of healthcare workers will struggle with drug dependence at some point in their careers.
 - Health care workers are an at-risk profession for SUD due to work-related stress.
 - Healthcare workers with SUD are often *unidentified, unreported* and *untreated*.

Drug Diversion

- Drug diversion occurs when medication is redirected from its intended destination for personal use, sale or distribution to others.
- This includes:
 - Theft
 - Use
 - Tampering (adulteration or substitution)
- Drug diversion is likely under-reported and under-detected

Substance Use Disorder and Drug Diversion

Consequences of Drug Diversion:

- **Risks to Patients:**
 - Inadequate treatment of condition
 - Exposure to infectious diseases from contaminated needles and drugs
 - Inaccurate documentation of their care in the medical record
 - Substandard care due to impaired healthcare worker performance
- **Risks to the Diverter:**
 - Addiction, overdose or even death
 - Potential legal implications
- **Risks to the Health System:**
 - Impact on the ability to care for our patient population and confidence in the healthcare system

Substance Use Disorder and Drug Diversion

- Preventing Drug Diversion
- **Awareness** and **recognition** of drug diversion are first steps to prevention.
- You can expect to see diversion in any facility that handles controlled substances.
- Those who divert range from senior staff members to new graduates and frequently are well-respected high-performers.
- Failing to report a concern could harm patients and leave a co-worker's life at risk.
 - Any member of the healthcare team can report a concern – If you see something, say something!
 - Saying something earlier, as opposed to later, can have a big impact on patient safety and downstream consequences for the person involved

Substance Use Disorder and Drug Diversion

SUD and Diversion 'Red Flag' Behaviors:

- Changes in work habits or behavior
- Subtle changes in appearance that may escalate over time
- Major change or chaos in personal life
- Unexplained absences
- Arriving late or leaving early for shifts
- Absences from the unit for extended periods
- Frequent trips to the bathroom
- Picking up an unusual number of extra shifts in multiple care areas
- Being at work on days off
- Being in the 'wrong place' without good reasons

Substance Use Disorder and Drug Diversion

'Red Flag' Controlled Substance Practices

- Change in controlled substance usage patterns
- Requests to care for specific patients that are taking controlled substances
- Helps other nurses administer their controlled medications
- Frequent accidents – leaking bags, broken vials, spills
- Patients complain about pain control
- Excessive discrepancies generated
- Making an excessive number of mistakes, including medication errors
- Inappropriate controlled substance wasting practices

Substance Use Disorder and Drug Diversion

Wasting Practices of Concern:

- Wasting whole doses or frequently wasting drugs that never reach the patient (dropped medication, patient refusal, discontinued orders)
- Failure to document waste
- Large doses requiring waste are used when smaller dose is available
- Repeatedly wasting with the same person as a witness
- Holding waste until the end of a shift or carrying medications in pockets
- Asking colleagues to sign off on waste they didn't actually witness
- Asking colleagues to sign off on was of a clear solution in a syringe without seeing it's removal from a container

Substance Use Disorder and Drug Diversion

Reporting a Concern for SUD or Diversion

- The earlier SUD in a healthcare worker is identified and treatment is started, the sooner patients are protected and the better the chances are of the healthcare worker returning to work.
- Trust among a high functioning team is key and can only happen in a psychologically safe environment where the team performs at its best capacity to support each other and care for patients.
- It's OK to report a concern even if you don't have concrete evidence of diversion. Reporting to a manager allows for the necessary investigation to occur.
- It's OK to report an event, even after the fact (ie: you signed off on waste that you didn't actually witness during an acute situation and later thought about how that wasn't right). You will not be punished for bringing this to your manager.
- You can report to own unit leadership, practice manager or any leader that you are comfortable with sharing your concern.
- If you have a concern during off-hours, contact the nursing supervisor.
- You can report anonymously through the Compliance [hotline](tel:603-227-7186) (603-227-7186).
- **Recognize the signs of SUD and say something** if you see them in a co-worker.
- Speaking up protects patients and early detection of SUD supports a better chance of recovery.

November 2024

Communication Needs



- We must identify, and accommodate special needs of patients to the best of our ability. For patients who have limited hearing, vision or English proficiency (LEP), there are a variety of assistive devices and services available to enhance communication.
- Patients who don't speak or understand English well, or are deaf, or hard of hearing, must be offered interpreter services without cost to the patient. This is the law. Professional interpreters, not family members, provide the best assurance that the patient understands what they are being told. Children should never be expected to interpret for family members.
- Patients and visitors with low vision or who are blind may need special assistance to find their way through the hospital environment. Be alert and watch for opportunities to help. If you perceive there might be a need, the best questions to ask, are "May I help you?" and "How is the best way I can help you?" Don't assume anything.

Hospital Dementia Operational Plan

Intent: to provide patients with cognitive impairment (acute and chronic) a safe, therapeutic environment while in the hospital

- Required under NH RSA 151:2-i
- Recognition of dementia and delirium
- Safe, therapeutic environment
- Yearly education for clinical and non-clinical staff
- Evidence-based prevention and management
- Safe transitions of care

- Requires hospitals to complete an annual self-assessment

Hospital Dementia Operational Plan

You can find our **Delirium/Dementia Operational Plan** on the Bridge

The screenshot shows the Concord Hospital Bridge website interface. At the top, there is a search bar labeled "Search the Bridge" with a "GO" button. Below the search bar is the Concord Hospital logo and tagline "Your Regional Health System". A navigation menu includes "About Us", "Resources", "Providers", "Quality", "Sites", "In the Spotlight", and "Bridge Home". The "Resources" menu is expanded, showing a list of categories and links. The "Hospital Dementia Operational Plan" link is highlighted in yellow. Other visible elements include a Facebook News Feed, Concord Hospital Videos, a Phonebook search bar, and a "Bob's Briefing" video player.

| BRIDGE | EMPLOYEE | PROCESS/SAFETY |
|--|----------------------------|---|
| Bulletin Board | CH Logo Wear | Chemo, Special Handling and Waste Advisor |
| Calendar | MyPassword | Control of Records |
| Phonebook Directory | Payroll Tools | COVID-19 Information |
| Town Meeting | UKG Kronos | Ethics Committee |
| INFORMATION & COMMUNICATION TECHNOLOGIES | Vehicle Registration | Hospital Dementia Operational Plan |
| Open Voice | Workday | Incident Command |
| REPORTS/DASHBOARDS | CHMG Education Center | intelligentcontract |
| Business Insight (formerly HBI) | Clinical Systems Education | Policies - PolicyTech |
| Capital Budgeting Dashboard | IT Knowledge Base | Safety Data Sheets (SDS) |
| | MTS Lab Training | REQUESTS |

Hospital Dementia Operational Plan

- Concord Hospital Health System takes brain failure seriously.
 - We strive to promote a safe and welcoming environment for patients with dementia and/or delirium.
 - We have a robust operational plan centered on early recognition, caregiver involvement, education of staff, appropriate management, and safe handoffs.
- **Dementia:** *Chronic* brain failure with gradual impairment of memory. Dementia is a major risk factor for additional brain failure: delirium.
- **Delirium:** *Acute* brain failure manifesting as sudden inattention and decreased awareness from a direct, physiological consequence. Common in hospitalized patients.

Hospital Dementia Operational Plan

- **Patients with brain failure have....**
 - *Difficulty understanding* or remembering instructions
 - Poor judgment
 - *Difficulty moving safely*
- **Consequences in the hospital**
 - *Delirium* proves to be the greatest independent predictor of patient outcomes
 - Increased complications
 - Increased mortality rates
- **Long-Term Consequences of Delirium:**
 - *Increased mortality rates* even after hospitalization for years to come
 - *Long-term cognitive dysfunction*, sometimes permanent
 - *Delirium* is now linked as a causative agent to a *future dementia diagnosis*

Hospital Dementia Operational Plan

- **Early recognition, identification and meticulous management can help mitigate these consequences:**
 - *At Concord Hospital – Concord we identify patients in brain failure with an orange light on over their door.*
 - *At Concord Hospital – Franklin/Laconia we use an orange magnet outside their door.*



Hospital Dementia Operational Plan

- If you see this



or



this:

- **They need additional safety measures:**
 - ✓ If a patient is trying to get up without help, call for assistance
 - ✓ If you have questions, or you are unsure, ASK.

Thank you for doing your part to keep our patients safe!

Computer Security



LOG-INS and PASSWORDS

- Passwords for Concord Hospital Health System IT systems require you change your password on a periodic basis.
- You should always use a complex password of at least 8 characters alpha/numeric with at least 1 special character and upper and lower case letters.
- When leaving a computer, **ALWAYS** log off
- Never share your log-in and passwords with another person. If you believe one of your passwords has been compromised, **report it to your instructor/preceptor immediately** and change the password.
- Never write down, print, store or transmit your password electronically without encryption.

HIPAA and PHI

- PHI is the Protected Health Information of individually identifiable health information that is transmitted or maintained in any form or medium (electronic, oral, or paper) by a covered entity or its business associates, excluding certain educational and employment records.

| Common examples of obvious patient identifiers | | |
|---|------------------------|-----------------|
| Name | Medical Record Number | Device Number |
| Date of Birth | Account Number | Age |
| Address | Social Security Number | Full Face Photo |
| Phone Number | License Number | Email Address |

Confidentiality Agreement



- Never access patient information you do not need to see to function in your role. This includes your own information and that of family and friends.
- Never discuss information about patients with those not involved in their care.
- Protect patient records from inappropriate access.
- No documents from hospital records (with or without patient names) should be removed from the hospital or offices.
- Dispose of confidential information in appropriately labeled bins.
- If you think Protected Health Information (PHI) may have been inappropriately accessed, **report it** to your instructor/preceptor.



Social Media and Professionalism

- It is unethical and disrespectful to post negative comments about the health care organizations and the patients to which you are assigned for clinical, or about the staff who work there. Instead, share questions and concerns with your clinical instructor rather than posting it on a social media site.
- It's easy to lose perspective and commit a security or privacy breach by mentioning private information in positive or negative comments on social media sites.
- Never take photos with personal devices at the clinical site.
- Across the country, students and staff have made some very bad decisions related to content they posted on social media and unfortunately have lost positions in programs, or their jobs. Don't take any chances.
- **Remember, what you do as a student reflects on your institution and on our hospital.**



Concord Hospital Health System's Compliance Program

- Our Compliance Program was created to support our commitment to the highest standards of conduct, honesty and integrity in our mission to serve patients and their families.
- To prevent, detect and correct concerns of non-compliance;
- To demonstrate we are following state and federal laws;
- To promote an ethical culture within the organization;
- To demonstrate integrity to the community that we serve; and
- To follow the recommendations of the Office of Inspector General (OIG);

Code of Conduct and Professional Behavior

- Concord Hospital health system's Code of Conduct and Professional Behavior ("the Code") is a set of guidelines and expectations created to support a culture of integrity.
- The Code is intended to promote a positive work environment that encourages mutual respect, quality patient care and ethical business practices.
- It provides an overview of expected behaviors, and encourages anyone to speak up with questions or concerns, without the fear of retaliation.
- The Code is located in PolicyTech

Non-Compliance

- Non-compliance is any action or conduct that is in violation of state or federal laws, Concord Hospital health system's policies and/or general conduct as outlined in the Code.
- Examples of non-compliance include, but are not limited to:
 - Harassment or discrimination of any kind;
 - Threatening, intimidating, malicious or abusive language or behavior toward another individual;
 - Discussing patient diagnosis, history, treatment or payment information with or in the company of individuals not directly responsible for the patient's care;
 - Accepting gifts for treatment or care;
 - Accepting payment for referral of services; and
 - Billing for services not provided, billing for services at a higher level than the services actually provided, unbundling services for increased payment, providing excessive or unnecessary services to patients.
- For more information, please see the full Code in PolicyTech.

Gift Policy

Generally Acceptable

- Modest perishable gifts (candy, baked goods) that can be shared with others
- Meals from vendors or business associates **not to exceed \$100** per person and not influencing or induce a new business decision/transaction.
- Promotional items from vendors or business associates (pens, notepads), **not to exceed \$10/instance or \$50/year.**
- Providing a Government or regulatory official a modest refreshment (bottle of water).

Generally Unacceptable

- Gift certificates for meals from a patient or their family unless coordinated with Unit/Department Leader or Patient Relations *and* intended for the whole unit/department.
- Attending a meal from a vendor or business associate that exceeds \$100 per person.
- Receiving a promotional item that obviously exceeds \$50 (e.g. a brand-name cooler with a vendor's logo).

Unacceptable

- Accepting or soliciting cash or cash equivalents (e.g. gift cards).
- Giving a Government or regulatory official gifts, cash, or cash equivalents.
- Providing or receiving gifts that influence business decisions.

Important Laws and Regulations

- Healthcare is a highly regulated industry. A Compliance Program demonstrates that we are following state and federal laws, such as:
- Federal False Claims and New Hampshire False Claims Acts (FCA)– submitting claims known to be false or fraudulent
 - Example: A physician knowingly submits claims to Medicare or Medicaid for medical services not provided or for higher level of medical services than actually provided.
- Both laws contain provisions that protects a qui tam (whistleblower) from retaliation by their employer.
 - Applies to any employee who is discharged, demoted, suspended, threatened, harassed, and discriminated against their employer as a result of the employee's lawful acts of a false claims action.

Important Laws and Regulations

- The Sherman Antitrust Act – colluding with other healthcare organizations to set an advantageous pricing scheme.
- Anti-Kickback Statute (AKS) – payment made to induce or incentivize referrals from others, or payment accepted to make referrals to others.
 - Example: A provider receives cash or a below-fair-market-value rent for medical office space in exchange for referrals.
- Physician Self-Referral Law (Stark) – referring patients to self-owned provider groups or facilities.
 - Example: A physician refers a patient for a designated health service to a clinic where the physician has an investment interest.
- Government Exclusions – individuals and entities excluded from participation in federal healthcare programs.
 - <https://exclusions.oig.hhs.gov/>
- For more information on these laws, please refer to the Compliance Program in PolicyTech.

Important Laws and Regulations

- **Patients' Bill of Rights**
- Mandated by 42 CFR §482.13 and NH RSA 151:21, is posted throughout the system including main lobbies, unit floors, etc.
 - This includes their Bill of Rights and information concerning how to file a grievance with Concord Hospital, the New Hampshire Department of Health and Human Services' Bureau of Health Facilities Administration, DNV Healthcare and the Quality Improvement Organization – Acentra Health (for Medicare Patients Only).
 - The Patients' Bill of Rights Policy in Policy Tech outlines the distribution of this required document including the inpatient Hospital Guide, the Concord Hospital Website and how to obtain accessible versions.
- **Mental Health Bill of Rights**
- Mandated by NH RSA 135-C:55-60
 - Sets up the standards for patients moving through the mental health system in New Hampshire
 - Provided to patients at the beginning of their process with the mental health system, usually in the Involuntary Emergency Admission process.
 - The system does operate a designated receiving facility (DRF) in Franklin which is heavily regulated by the state. Admission to this facility is accompanied by a notice of this bill of rights.

Important Laws and Regulations

Nondiscrimination Notice

- Concord Hospital Health System complies with applicable Federal and State civil rights laws.
 - The health system prohibits discrimination (including unfavorable difference in treatment, bullying, abuse, or harassment) against an individual because of their race, color, ethnicity, ancestry, national origin, age, marital status, socioeconomic status, language, physical or mental disability, sex (including sex characteristics and intersex traits, pregnancy or related conditions, actual or perceived sexual orientation, gender identity or expression, and sex stereotypes) or any other protected status as defined by Federal, state or local law.
- Concord Hospital Health System also provides services such as:
 - Free qualified sign language interpreters to assist people to communicate effectively as needed;
 - Written information in other formats (large print, accessible electronic formats);
 - Free language assistance services such as qualified interpreters and information written in other languages to people whose primary language is not English;
 - Reasonable accommodations or modifications in our policies, practices, and procedures on the basis of disability, unless it would result in undue hardship or fundamental alteration of the program;
 - Reasonable accommodations on the basis of sincerely-held religious beliefs that do not cause a substantial burden.
- The Nondiscrimination Notice additionally provides information on how patients or their representatives may file a grievance both with the health system or with the appropriate Federal Agency if they feel they were discriminated against or services were not provided based on discriminatory practices.

Important Laws and Regulations

Nondiscrimination Notice cont'd

- The Nondiscrimination Notice is posted in the following areas:
 - Concord Hospital-Concord, Concord Hospital-Franklin, Concord Hospital-Laconia main entrances
 - CHMG patient waiting areas
 - Emergency Department waiting areas
 - [Concord Hospital website](#)
 - FormFast (F60917)
- The versions found on the website and FormFast are also translated into the following languages: Arabic, Kinyarwanda, Nepali, Spanish, Swahili and Low Vision.

Important Laws and Regulations

- **The Adult Protection Law (NH RSA 161-F)**
 - Requires any person who has a reason to believe that a vulnerable adult has been subjected to abuse, neglect, exploitation or self-neglect to make a report immediately to the Bureau of Adult & Aging Services (BAAS).
- **Who Should Report Abuse or Neglect?**
 - *Any person who has a reason to believe that a vulnerable adult has been subjected to abuse, neglect, exploitation or self-neglect.*
 - For more information, please visit the NH DHHS website:
 - <https://www.dhhs.nh.gov/report-concern/adult-abuse>
- **The Child Protection Act Reporting Law (NH RSA 169-C:29)**
 - Requires any physician, surgeon, county medical examiner, psychiatrist, resident, intern, dentist, osteopath, optometrist, chiropractor, psychologist, therapist, registered nurse, hospital personnel (engaged in admission, examination, care and treatment of persons), teacher, school official, school nurse, school counselor, social worker, day care worker, any other child or foster care worker, law enforcement official, priest, minister, or rabbi or any other person having reason to suspect that a child under the age of 18 has been abused or neglected to make a report of the suspected abuse or neglect immediately to DCYF.
- *If a child tells you that they have been hurt or you are concerned that a child may be the victim of any type of abuse or neglect, you **must** call the Division for Children, Youth and Families (DCYF) Central Intake Unit at:*
 - *603-271-6562 or 1-800-894-5533 (in-state only)*
 - *The Intake unit is staffed 24 hours a day, including weekends and holidays.*
 - *For immediate emergencies, please call 911.*

Reporting Compliance Concerns

There are multiple ways to report concerns of non-compliance:

- Speak with a member of leadership, your preceptor/instructor or clinical coordinator
- Contact the Compliance Director, any member of the Compliance Department or the Compliance Officer
- Send an email to ComplianceHotline@crhc.org (this is not anonymous)
- Call the HOTLINE x7186 or 603-227-7186 or click on the “Speak UP” icon on the Bridge (these can be used for anonymous reporting)



Remember: Concord Hospital Health System has a no-retaliation policy for reporting concerns in good faith.

November 2024

OK- Ready to Test yourself? CH Orientation Quiz

1. Which statement is **false**?

- A. The ID badge I am issued is my property and a souvenir to keep after I finish my clinical hours.
- B. Service behaviors reflect the culture of Concord Hospital Health System and I am responsible to follow them even as a student.
- C. Be Professional, always look your best- (service behavior #9) includes guidelines regarding jewelry, perfume, make-up and dress, and ID Badge.
- D. The emergency phone number within the hospital is 5555, and outside the hospital it is 911 or 9-911.

Answer

- 1. A. was **false**, you need to return the ID badge.

CH Orientation Quiz

2. Which statement is **true**?

- A. As a student, I will not be expected to respond to a fire alarm.
- B. In the event of an ordered evacuation, sickest patients (i.e. bedridden) are evacuated first.
- C. RACE** at Concord Hospital means:
 - A. Remove anyone in immediate danger.
 - Alarm-use pull stations and code line, or 911, to activate alarms.
 - Close all doors.
 - Extinguish fire (if small).
- D. Emergency power outlets have a **blue** plate.

ANSWER

- 2. C. The **true** statement was RACE.
- You *DO* need to respond to a fire emergency the same as an employee would.
- Least *sick* patients (those who can ambulate) are moved first in an evacuation.
- Emergency power outlets are **RED**.

CH Orientation Quiz

3. Which statement is **false**?

- A. When I enter a patient room, I should be seen washing my hands, or talk about just washing them.
- B. Contact precautions are used for MRSA, VRE and C dif.
- C. PPE is available in yellow carts outside patient rooms.
- D. Washing hands for 10 seconds is long enough.

ANSWER

- 3. D. was **false**, you need to wash hands for *at least* 15 seconds.

CH Orientation Quiz

4. Which statement is **false**?
- A. Hazardous waste must be disposed of in properly identified receptacles.
 - B. SDS about chemicals that may be in the clinical environment are accessed via the CH Bridge.
 - C. Children are reliable interpreters for patients.
 - D. I should never take protected health information (PHI) from the clinical site.

ANSWER

- 4. C. was **false**, children are not reliable for language interpreters and should **not** be asked to interpret.

CH Orientation Quiz

5. Which statement is **false**?

- A. It is O.K. if I use another student's or staff member's password just for a day if my password is not working.
- B. It is not appropriate to post information or photos on social media sites about patients or about my clinical experience.
- C. If I suspect PHI has been accessed inappropriately, I need to be report this to my preceptor or instructor.
- D. My actions reflect on my school, and the hospital or clinical site when I am a student.

Answer

- 5. A. is **false**, it is **never** OK to use another person's password.

CH Orientation Quiz

6. Which statement is **false**?
- A. Some medications have stickers with codes to indicate hazardous meds.
 - B. Hazardous meds and packaging need to be disposed of in Blue or Black bins, according to the code.
 - C. Its OK to discard a half full bag of Heparin down the drain.
 - D. A container is considered empty if it has less than 3% of the product.

Answer

- 6. C. was **false**, a half full bag of Heparin should not be drained down the sink. Only plain IV fluid, or electrolyte-type solutions may be drained down the sink. It must be disposed of in the **blue** pharmaceutical waste bin.
- You are done!
- **Nursing Students:** Be sure to print off the CCP ticket if applicable, read the privacy agreement and sign it, and provide to your school's clinical coordinator.
- **Other Students:** Complete the post-test located in the lower left corner of the privacy agreement and email it to the student coordinator you are working with.
- We look forward to having you with us at Concord Hospital Health System!