



## **Trinity Health Of New England Corporation, Inc.**

### **New Learner Orientation Information Packet**

---

#### **Instructions**

- Read all materials, including the separate Patients' Rights and Responsibilities sent with this packet.
- Complete and sign Learner Mandatory Orientation Sign-Off Sheet.
- Read and sign the Student Participation Agreement.
- Read and sign Code of Conduct and Integrity and Compliance Orientation Acknowledgement Statement.
- Read and sign Confidentiality and Non-Disclosure Statement.
- Read and sign Conflict of Interest Disclosure Form
- Submit signed forms to your Site Coordinator/Orientation Facilitator.

**An ID badge will NOT be issued unless we have received these documents.**

## **Trinity Health Of New England New Learner Orientation Packet Table of Contents**

<b>Topics</b>	<b>Page</b>
Instructions and Table of Contents	1
Saint Mary's History	3
Back Safety and Patient Transfers	4
Electrical and Equipment Safety	6
Emergency Codes	7
Fire Safety	8
Identification Badge / Active Shooter / Rapid Response Team	9
Hazard Communication Program	10
Infection Control and Bloodborne Pathogens	12
Medical Waste / Pharmaceutical Waste	13
Mandated Reporters (Child/Elder Abuse)	14
Diversity and Inclusiveness in Healthcare	15
Risk Management and Patient Safety	16
Special Services for Patients and Companions	17
Patient Rights / Ethical Values / Sexual Harassment	18
National Patient Safety Goals	19
New Learner Orientation Sign-Off Sheet	20
Clinical Experience Participation Agreement	21
Confidentiality and Non-Disclosure Statement	22
Corporate Compliance Plan and Code of Conduct Acknowledgement Statement	24
Conflict of Interest Disclosure Statement	25

## Our History

Since 1907, Saint Mary's Hospital has been a vital part of the fabric of Greater Waterbury, CT. The Reverend Monsignor William J. Slocum, pastor of Immaculate Conception Church in Waterbury, purchased property on Union and Franklin Streets for \$20,000 to fulfill his vision of establishing a hospital in the city's industrial core. Monsignor Slocum designated the Sisters of Saint Joseph of Chambery to become the administrators of the hospital.

Today, Saint Mary's is licensed for 347 acute inpatient beds and 22 bassinets. It is designated as a Level II Trauma Center, certified by the Joint Commission as a Primary Stroke Center, and operates a Level IIIa NICU and the region's only pediatric emergency care unit. Committed to education, Saint Mary's offers residency programs in medicine and surgery and is a training site for the Yale Medicine-Pediatrics program. In 2009, CT Children's Medical Center opened a 12-bed inpatient pediatric unit at Saint Mary's and in 2011, VITAS opened a 12-bed inpatient hospice unit on the hospital's fourth floor.

A leading provider of surgical services, Saint Mary's was the first to introduce the daVinci Robotic Surgery System. In 2016, the hospital established the Robotic Surgery Institute of New England as a destination for the best and brightest surgeons to learn new technologies in surgical care. The hospital has a fully-accredited Surgical Weight Loss Program and a freestanding outpatient surgical center.

The hospital's ambulatory network includes more than 25 satellites and affiliates, including four Urgent Care Centers and the region's only Wound Healing Center.

In 2016, Saint Mary's became part of Trinity Health Of New England, an integrated health care delivery system that is a member of Trinity Health, Livonia, MI, one of the largest multi-institutional Catholic health care delivery systems in the nation.

Saint Mary's Hospital continues to be a pioneer in Greater Waterbury, expanding its network of medical services, forging alliances with key healthcare partners, investing in new technology and exploring new ways to enhance access to care, while providing a spiritually enriched environment for our patients.



# Back Safety

## Important Statistics

- Approximately 8 out of every 10 individuals will experience back pain
- Back pain is the most common reason for lost work and second most common reason to for visits to a physician (first is upper respiratory problems)
- It is estimated that almost 90% of back pain is not caused from a single event. Most cases of back pain are due to everyday wear and tear on the back and may be preventable
- Many healthcare workers put as much stress and strain on their backs as construction workers
- Lifting is the most commonly reported cause of low back pain
- At least 35% of all back pain can be traced back to improper lifting techniques or attempting to lift something too heavy

## Keys to Preventing Back Pain

- Education and Knowledge
- Attention to Posture
- Use of Proper Body Mechanics
- Exercise and General Health/Wellness

## Principles of Body Mechanics and Lifting

1. Position your body directly in front of and close to the item.
2. Stand with your feet shoulder-width apart to give the body a solid foundation.
3. Tighten your stomach muscles to help support the back.
4. Bend at the knees and squat close to the item.
5. Take hold of the item and bring it close to your body.
6. Before lifting remember
  - a. Keep your stomach muscles tight.
  - b. Look straight ahead.
  - c. Avoid twisting or turning your body while lifting.
  - d. Lift using the leg muscles.
- 7 Take your time, smoothly lift the item; avoid jerking movements.
- 8 Do not lift or carry items above the waist.
- 9 When carrying the item, keep your knees slightly bent, take small steps, and use your feet to change direction (e.g. pivot).

# Patient Transfers

## **BEFORE BEGINNING, ASSESS THE FOLLOWING:**

1. What is the weight bearing status of the patient - full, partial, or none?
2. Does the patient have upper body strength to assist with the transfer?
3. Is the patient oriented and/or cooperative?
4. What is the size and weight of the patient?
5. Is a mechanical device appropriate and available (Full Body Lift, HoverMatt, Sit to Stand, etc.)
6. Is a manual device appropriate and available for use (i.e.: Gait belt, slide board, etc.)?
7. Are you trained in the use of the mechanical or manual device?
8. Is there other staff available to assist with the transfer?

## **BED TO WHEELCHAIR TRANSFER**

1. Lock the wheelchair and adjust the bed height.
2. Support the patient's weaker leg/knee with yours.
3. Have the patient's stronger leg next to the chair or bed.
4. On signal, move the patient to standing.
5. Pivot and lower the patient onto the bed or chair.
6. Keep your knees slightly bent and the back curves protected.

## **BED TO STRETCHER TRANSFER**

1. Get assistance as needed.
2. Slip Sheets and a slide board or a HoverMatt are recommended for an assisted lateral transfer.
3. Adjust the bed to the proper level.
4. Lock the bed and the stretcher.
5. Transfer the patient in two stages:
6. Move the patient to the edge of the bed.
7. Move the patient across to the stretcher.
8. Maintain the curves of your back.

## **PULLING A PATIENT UP IN BED**

1. Adjust the bed height below your waist.
2. A boosting sheet is recommended to slide the patient up in bed. Do not lift.
3. Ask the patient to assist with feet and/or elbows.
4. Keep your feet apart and knees bent.

## **FALLING PATIENTS**

1. Don't compromise your safety or the patient's.
2. Guide the patient easily and safely to the floor.
3. Bend your knees and not your back.
4. Stay close to the patient.
5. Get help to lift the patient from the floor.

# EMERGENCY CODES

## Code Blue

A: Medical Emergency, Adult  
B: Broselow, Pediatric



1. Call 78900
2. Summon help
3. Assess the person
4. Ensure the crash cart is on the way

## Code Pink

Neonate Emergency



1. Call 78900
2. Summon help
3. Code Pink team will respond to emergency

## Trauma Alert

Trauma Alert/  
Trauma Patient/Trauma Team



1. Call 78900
2. Trauma Team reports to the Emergency Department

## Code Red

Fire



1. Rescue those in immediate danger
2. Activate the Fire Alarm  
Call 78900
3. Confine the fire by closing doors
4. Extinguish/Evacuate

## Rapid Response Team

Rapid Response  
Team Activation



1. Call 78900
2. Rapid Response Team reports to the areas of the emergency

## Code Amber

Infant/Child Abduction or Missing



1. Call 78900 and provide age of abductee
2. Notify Security
3. Cover all interior stairwell doors, elevator areas, and exiting doors
4. Immediately search the entire unit
5. Protect the crime scene

## Code Grey

Security Situation



1. Call 78900
2. Security Assist requested (Behavioral Health Team as applicable) for managing and/or de-escalating the situation

## Code Black

Bomb Threat



1. Call 78900
2. Notify Security
3. Screen the call and use the telephone checklist
4. Report suspicious items to Security

## Code Green

Missing Patient  
(Male-John/Female-Jane)



1. Call 78900
2. Search under the coordination of the person in charge of the area
3. Follow procedure for missing patient

## Code Triage Internal

Disaster Plan in Effect



1. Call 78900
2. Activate Command Center
3. Activate Emergency Operations Plan
4. Review disaster specific plans
5. Prepare to initiate staff call backs

## Code Triage

Mass Casualty Incident  
Full Activation



1. Call 78900
2. Activate Command Center
3. Review Mass Casualty Incident plan and department specific responsibilities
4. Review hospital surge capacity plan, if necessary

## Code Silver

Hostile Situation/  
Person with a Weapon



1. Call 78900
2. DO NOT enter the area
3. Notify the Police  
Dial 911
4. Secure the area pending arrival of Security/Police

## Code Brown

Evacuation



1. Call 78900
2. Prepare for full building evacuation
3. Review department-specific plans
4. Put alternate care sites on alert

# Electrical and Equipment Safety

## A. Dangers:

- Shock
- Fire
- Explosion
- Burns

If working with patients, always ground yourself before touching a patient by touching the bedrail or side table first.

## B. Connections

1. Check cords frequently for fraying.
2. Plugs should fit securely into the socket.
3. Always grasp the plug when removing it from the socket.
4. Cheater plugs should never be used (a cheater plug is a connection which converts a three-pronged plug to a two-pronged plug).

## C. Cords

1. Use of extension cords is always a temporary measure.
2. If a cord passes a traffic area, it should be taped down.
3. Check cords frequently for fraying.
4. Patients are banned from bringing to the hospital any personal appliances, i.e. radio, fan, etc.

Employees in patient care areas are banned from bringing to the hospital any personal appliances, i.e. radio, fan, etc.

## D. Outlets

Red colored outlets or outlets with a red dot are for emergency power. Machines which need to function even if a power outage occurs need to be plugged into the red outlets.

## E. Equipment

- All personnel should be trained in equipment prior to use.
- **Any suspected damaged or non-functioning equipment should be removed from service, tagged, and reported to Clinical Engineering.**

## Emergency Operations Plan (Red Binder)

Each department has an Emergency Operations Plan Manual (Red Binder) containing specific information regarding emergency preparedness for internal and external disasters.

### B. Fire Safety

RACE

1. Hospital's overall Fire Plan is
  - **Rescue** patients, visitors, personnel in immediate danger – evacuate to a safe area
  - **Alarm** trigger fire alarm pull stations or dial **78900** on phone and inform the operator
  - **Contain** close all doors
  - **Extinguish** if possible extinguish or control fire with portable fire extinguishers or fire hose
2. Be familiar with the location of nearest **Call box and Fire extinguisher**
3. To use a fire extinguisher, remember
  - **P**ull the pin
  - **A**im at base of fire
  - **S**queeze the lever
  - **S**weep side to side

PASS

**Remember:** \*Do not block access to call boxes or fire extinguishers.  
\*Do not block fire and/or smoke doors (those with closures).

#### Response for areas immediately adjacent to fire zone:

*The floors above and below (in same building) and same floor in adjacent building(s)*

- Ensure all fire and smoke (patient rooms, etc.) doors are closed
- Clear corridors
- Prepare to receive evacuees from fire area
- Prepare for possible evacuation if fire begins to spread
- Notify all non-hospital personnel to stay in the area until directed from Security
- Assist in area where fire is located with RACE procedure if needed
- Listen to overhead page

#### Response in areas away from fire:

- Ensure all fire and smoke doors (patient rooms, etc.) are closed
- Prepare to receive evacuees from fire area
- Visitors are to stay in that area
- Listen to overhead page

#### Response for business occupants; (ex., FHC, Croft Commons, etc.)

- RACE+E – Evacuate – Staff checks that all have left the building

#### Fire Drills:

- Red flashing light - React as if it is a real fire. Pull fire alarm, dial **78900**, and follow response procedures for the area of the fire.

### C. Smoking

Please note that Saint Mary's Hospital joined other Connecticut hospitals to be tobacco free. That means that no tobacco will be allowed on SMHS owned, leased or controlled premises, as well as private property on its premises.



## **D. Identification Badges**

All employees and students must wear their ID badges. Replacement may be obtained for a fee from Human Resources Department.

## **E. Active Shooter (Code Silver)**

- Run - Immediately evacuate. Leave personal items behind, visualize escape routes, and avoid escalators and elevators.
- Hide - Seek a secure place to hide if running is not a safe option. Lock the doors, use barricades, and turn off lights. Remain silent and turn off all mobile devices while looking for possible routes of escape.
- Fight - Try to incapacitate the shooter. This option should be a last resort, when neither running nor hiding is an option. Use aggressive force and nearby items such as fire extinguishers or chairs to incapacitate the shooter.

## **F. Rapid Response Team**

### **Purpose:**

The purpose of the Saint Mary's Hospital Rapid Response Team (RRT) is to respond to the request of any Individual (i.e. staff nurse/clinician/family member) for an urgent and timely "medical consultation" on any inpatient whose condition is serious and rapidly declining. The RRT is not the same as the Code Team, and should not be called when the Code Team is appropriate. Specific indications include:

- Heart rate less than 40
- Heart rate greater than 130
- Systolic BP less than 90mmHg
- Respiratory rate less than 8
- Respiratory rate greater than 24
- O<sub>2</sub> sat less than 90%
- Acute significant bleed
- Failure to respond to treatment
- Acute mental status change
- FiO<sub>2</sub> of 50% or greater
- Symptoms of Stroke

# Hazard Communication Program

The Saint Mary's Hospital Hazard Communication Program includes labels on containers of hazardous chemicals, safety data sheets (SDSs), and training for employees. Employees will be trained on the hazardous chemicals in their work area before initial assignment, and when new hazards are introduced. Training will include hazards of chemicals, appropriate protective measures, and where and how to obtain additional information.

**Hazardous materials are substances with the potential to cause adverse health or safety effects if used improperly.** *ex. Toxic/Noxious Chemical, Explosives, Flammables, Radioactive Materials, Body Fluids*

Manufacturers label the product with the potential hazards. Never remove or deface this label.

Manufacturers supply **Safety Data Sheets (SDSs)**. The SDSs contain important information including name, address, and phone number of the manufacturers, physical data about the hazardous material, precautions, and emergency response for spills or leaks. First aid response is also listed.

At Saint Mary's Hospital, the SDSs are found in each department's orange Hazardous Materials Management Manual. An additional copy can be found in the Safety and Security Department.

**You have the "right-to-know" the identity of any hazardous substances that you use:**

- What hazardous material, if any, is in his/her department
- How to read labels affixed to hazardous material, precautions, and emergency response if spills or leaks occur. Immediate first aid response is listed.
- Location of Safety Data Sheets and Written Hazards Work Plan in your department
- Be trained in how to protect themselves from exposure by adapting good, safe work practices
- Be aware of emergency procedures if a leak or spill occurs
- Be aware of protective equipment – goggles, monitor for detecting gas, radiation badges, etc.

**Please review the labeling of chemical hazards below & on page 14.**



## Hazard Communication Standard Labels



OSHA has updated the requirements for labeling of hazardous chemicals under its Hazard Communication Standard (HCS). As of June 1, 2015, all labels will be required to have pictograms, a signal word, hazard and precautionary statements, the product identifier, and supplier identification. A sample revised HCS label, identifying the required label elements, is shown on the right. Supplemental information can also be provided on the label as needed.

For more information:



Occupational  
Safety and Health  
Administration

(800) 321-OSHA (6742)  
[www.osha.gov](http://www.osha.gov)










SAMPLE LABEL	
CODE _____ Product Name _____	} Product Identifier
Company Name _____ Street Address _____ City _____ State _____ Postal Code _____ Country _____ Emergency Phone Number _____	
} Supplier Identification	
Keep container tightly closed. Store in a cool, well-ventilated place that is locked. Keep away from heat/sparks/open flame. No smoking. Only use non-sparking tools. Use explosion-proof electrical equipment. Take precautionary measures against static discharge. Ground and bond container and receiving equipment. Do not breathe vapors. Wear protective gloves. Do not eat, drink or smoke when using this product. Wash hands thoroughly after handling. Dispose of in accordance with local, regional, national, international regulations as specified.	
} Precautionary Statements	
In Case of Fire: use dry chemical (BC) or Carbon Dioxide (CO <sub>2</sub> ) fire extinguisher to extinguish.	
First Aid If exposed call Poison Center. If on skin (or hair): Take off immediately any contaminated clothing. Rinse skin with water.	
Hazard Pictograms  	
Signal Word Danger	
Highly flammable liquid and vapor. May cause liver and kidney damage.	
} Hazard Statements	
Supplemental Information Directions for Use _____ _____ _____ Fill weight: _____ Lot Number: _____ Gross weight: _____ Fill Date: _____ Expiration Date: _____	



## Hazard Communication Standard Pictogram

As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.

### HCS Pictograms and Hazards

<b>Health Hazard</b>  <ul style="list-style-type: none"> <li>• Carcinogen</li> <li>• Mutagenicity</li> <li>• Reproductive Toxicity</li> <li>• Respiratory Sensitizer</li> <li>• Target Organ Toxicity</li> <li>• Aspiration Toxicity</li> </ul>	<b>Flame</b>  <ul style="list-style-type: none"> <li>• Flammables</li> <li>• Pyrophorics</li> <li>• Self-Heating</li> <li>• Emits Flammable Gas</li> <li>• Self-Reactives</li> <li>• Organic Peroxides</li> </ul>	<b>Exclamation Mark</b>  <ul style="list-style-type: none"> <li>• Irritant (skin and eye)</li> <li>• Skin Sensitizer</li> <li>• Acute Toxicity (harmful)</li> <li>• Narcotic Effects</li> <li>• Respiratory Tract Irritant</li> <li>• Hazardous to Ozone Layer (Non-Mandatory)</li> </ul>
<b>Gas Cylinder</b>  <ul style="list-style-type: none"> <li>• Gases Under Pressure</li> </ul>	<b>Corrosion</b>  <ul style="list-style-type: none"> <li>• Skin Corrosion/ Burns</li> <li>• Eye Damage</li> <li>• Corrosive to Metals</li> </ul>	<b>Exploding Bomb</b>  <ul style="list-style-type: none"> <li>• Explosives</li> <li>• Self-Reactives</li> <li>• Organic Peroxides</li> </ul>
<b>Flame Over Circle</b>  <ul style="list-style-type: none"> <li>• Oxidizers</li> </ul>	<b>Environment (Non-Mandatory)</b>  <ul style="list-style-type: none"> <li>• Aquatic Toxicity</li> </ul>	<b>Skull and Crossbones</b>  <ul style="list-style-type: none"> <li>• Acute Toxicity (fatal or toxic)</li> </ul>

For more information:

**OSHA**® Occupational  
Safety and Health  
Administration  
U.S. Department of Labor  
[www.osha.gov](http://www.osha.gov) (800) 321-OSHA (6742)

OSHA 3491-02 1012

# Infection Control & Bloodborne Pathogens

## Hand Hygiene

- Hand washing is the most effective way to reduce the risk of infection
- Hand washing is required when entering and exiting room
- If hands are not visibly soiled, you may use an alcohol sanitizer product
- If hands are visibly soiled or in a C-Diff room you must use soap and water

## How Does Exposure Occur?

- Needlesticks (most common) – 800,000 needlestick injuries occur each year in the U.S.
- Cuts from other contaminated sharps (scalpels, broken glass, etc.).
- Contact of the eyes, broken skin or mucous membranes of the mouth/nose with contaminated blood.

## Saint Mary's Category Isolation System is used:

- Contact (drug-resistant organisms, ex: MRSA, VRE, ESBL)
  - ❖ Contact CRE
- Droplet (Influenza)
- Airborne (AFB)
- Enteric (CDIF)

## Standard Precautions:

- Recommended work practice for protection against transmission of pathogens in the blood and body fluid
- Assumes blood and body fluid of **any** patient could be infectious
- Recommends Personal Protective Environment (PPE) and other infection control practices to prevent transmission in any healthcare setting
- Decisions about PPE use are determined by type of clinical interaction with patient

## Personal Protective Equipment (PPE): Gloves, Masks, Eye Protection, Gowns

- Worn when splashes, spray or droplets of blood or other potentially infectious material may be generated or in work areas where there is a reasonable likelihood of occupational exposure
- Wear PPE before contact with the patient, generally before entering the room
- Remove and discard at the doorway or immediately outside patient room
- Immediately perform hand hygiene

## Sharps Safety

- Sharps (needles, scalpels, broken glass) are to be disposed of in red puncture-resistant containers, mounted on the wall in every patient room (other areas use larger containers)
- Needles are not to be bent, broken, or re-capped
- Saint Mary's Hospital provides safety needles and products to reduce the risk of a sharp injury. These safety devices should be used whenever possible

# Medical Waste

## Red bag garbage

- Items dripping or caked with dried blood
- Chest and wound drains
- Blood administration sets and transfusion bags
- CDC Class IV infectious disease contaminated items (Ex. Ebola virus, Lassa virus, hemorrhagic fever, small pox). *This does NOT include MRSA, VRE, CRE, ESBL or C-Diff.*
- Regulated body fluids and their containers (even if emptied) (Ex. blood, CSF, synovial fluid, pleural fluid, peritoneal fluid and pericardial fluid)

***\*\*\*If you experience any inadvertent contact with blood and/or body fluids, notify your supervisor immediately.***

## Regular Trash

- Items with small amount of blood or body fluid
- Items contaminated with urine, feces, sputum, sweat, vomitus, and breast milk
- IV saline lock
- IV tubing
- Empty IV bags
- Empty foley bags and foley catheters

## Pharmaceutical Waste

Saint Mary's has a pharmaceutical waste disposal program to segregate and dispose of medications. Containers are located in all areas where staff handle and/or administer medications.

***\*All paper with confidential information must be placed in the Shred-Bin***

## Mandated Reporters Child/Elder Abuse

**Licensed health care providers are legislatively mandated reporters of suspected abuse.**

This includes the following:

Physicians, Surgeons, Hospital Residents and Interns, Physician Assistants, Registered and Licensed Practical Nurses, Dentists, Osteopaths, Chiropractors, Podiatrists, Psychologists, Social Workers, all types of Counselors/Therapists, Dental Hygienists, Physical Therapists, Clergymen, Optometrists, Pharmacists, Licensed Emergency Medical Technicians, Teachers, Principals, Patient Advocate and any person paid to care for a child or elder.

	What is Reported	If you suspect – REPORT
Child Abuse	<ul style="list-style-type: none"> <li>• Neglect (emotional or medical)</li> <li>• Emotional Physical abuse</li> <li>• abuse</li> <li>• Sexual abuse</li> <li>• Imminent risk of serious harm</li> </ul>	<ul style="list-style-type: none"> <li>• Seek consultation – Social Worker;</li> <li>• Call DCF Hotline within 12 hours 1-800-842-2288</li> </ul>
Elder Abuse (age 60+ in CT)	<ul style="list-style-type: none"> <li>• Abuse</li> <li>• Neglect</li> <li>• Exploitation</li> <li>• Abandonment</li> <li>• Need for protective services</li> </ul>	<ul style="list-style-type: none"> <li>• If you suspect, initiate a report in conjunction and concurrence with the primary physician and social worker</li> <li>• Call 1-888-385-4225.</li> </ul>
Persons with Disabilities	<ul style="list-style-type: none"> <li>• Abuse</li> <li>• Neglect</li> <li>• Exploitation</li> <li>• Abandonment</li> <li>• Need for protective services</li> </ul>	<ul style="list-style-type: none"> <li>• If you suspect, initiate a report in conjunction and concurrence with the primary physician and social worker</li> <li>• Call 1-800-842-7303</li> </ul>

# Diversity and Inclusiveness in Healthcare

*The relationship between patients and clinicians has a significant impact on how healthcare is provided and how it is received. This sheet highlights important principles about diversity and inclusiveness that impact care and offers resources for learning more.*

## Patients are People First

Developing partnerships with our patients and maintaining cultural humility can help us learn and better understand the varied contexts (emotional, physical, spiritual, environmental) in which our patients live. This allows for creating tailored approaches to care.

- As clinicians, we need to be introspective and become aware of personal attitudes, beliefs, biases, and behaviors that influence (consciously or unconsciously) our care of patients. Our beliefs also impact our interactions with professional colleagues and staff from diverse racial, ethnic and sociocultural backgrounds.
- Pre-scripted approaches to working with patients from diverse sociocultural backgrounds should be used with caution as they may lead to potentially dangerous stereotyping and overgeneralization
- Important intergenerational differences exist and diversity is often greater within groups than between them

*(Adapted from: Robert C. Like, MD, MS, Director of the Center for Health Families and Cultural Diversity, Department of Family Medicine, Robert Wood Johnson Medical School)*

## Three Things to Keep in Mind

1. **Think About Communication:** Communication is a fundamental clinical skill. Our ability to develop trust with patients and families impacts every encounter we have and, ultimately, influences the outcome of our interactions. An awareness of our own communication style and how we may adapt to the specific needs of each patient is critical. Moreover, we must be careful not to let time constraints become an excuse for poor communication.
2. **Understand Health Disparities:** Realize that health disparities, although exacerbated by limited income, education and resources, exist in healthcare across the board. For example, even when researchers controlled for access-related factors including patient's insurance status and income, racial and ethnic minorities were less likely to receive appropriate diagnostic care and necessary treatment.
3. **Avoid Stereotypes:** We should work to recognize the pervasiveness of stereotypes in our society, acknowledge their damaging impact, and explore our own stereotypes. It helps to understand that social inequities affect people's health and their choices about how to use health and human service resources.

## **Risk Management and Patient Safety**

Risk Management uses processes, methods, and tools to assess what can occur within the healthcare setting and to guide proactive decisions for implementing strategies to reduce or eliminate those risks.

### **Adverse Events**

- Risk Management is responsible for reporting adverse events to the CT Department of Public Health
- Possible reportable adverse events include: perforations; falls with serious injury or death; hospital acquired pressure ulcers (Stage III and IV); specific surgical, environmental, or criminal events
- All potential reportable adverse events need to be reported to Risk Management

### **Incident Reports**

- Incident Reports are used to report any unusual event or circumstance that is not consistent with the routine operation of the Hospital and/or the staff. It may be an error, a poor outcome, or an accident which could have or has resulted in a patient/visitor injury
- Incident Reports are NOT a substitute for documentation in the medical record
- An Incident Report is NOT part of the medical record

**Report incidents electronically by clicking “Incident Reporting Forms” on the Saint Mary’s InfoNet.**

### **Complaints/Grievance**

- A patient grievance is a complaint made to the hospital by a patient, or the patient’s representative, regarding care when a patient issue cannot be resolved promptly on the spot by staff.
- Patient complaints and grievances should be reported to the manager/supervisor
- Grievances submitted to hospital personnel are forwarded to the Patient Advocate

### **Medical Device or Product Related Incident**

If a patient care device fails, such that there is harm to the patient, or a potential for harm, the incident must be reported to the manager/supervisor and Risk Management. If a piece of equipment is involved, a service request form is filled out in detail to report the incident to Clinical Engineering. Staff will tag the device and remove it from service. All tubing and disposables of any type are left intact and attached to the device for the incident investigation.

### **Health Insurance Portability and Accountability Act (HIPPA)**

- The information contained in the medical record is protected by the Health Insurance Portability and Accountability Act (HIPAA)
- The patient “owns” the information in the medical record
- The medical record is the property of the Hospital
- The patient “owns” the information in the medical record
- A hospital or healthcare provider may share information about the patient’s health status, treatment, or payment arrangements with the patient’s family or friends directly involved in their care
- Do not discuss protected health information in public areas
- Safeguard all protected health information on computers used for charting protected health information, whether in the hallway or at the nurses’ station or elsewhere
- When leaving your work space, be sure to log off your computer

## **Employee Safety**

- Avoid bringing valuables to work
- If you have valuables at work they should be locked up in lockers, drawers, or offices



- If something is missing, notify Security immediately
- Security is available to escort staff to their car. Call the operator to be connected to a security officer

## **Special Services for Patients and Companions**

To ensure effective communication with patients and their companions, the following auxiliary aids and services are provided **free of charge**:

- Sign Language Interpreters – Video remote and live interpreters available
- Volume Control Telephone
- Telephone Typewriter (TTY)
- Large Button Telephones
- Foreign Language Interpretation Telephones
- Closed Captioning (CC) Television
- Wheel Chair Accessibility
- Bariatric Accommodations

***Dial “0” for hospital operator if assistance is needed.***

## 2021 Hospital National Patient Safety Goals

Goal	Description	#	Elements of Performance
1	Identify patients correctly	NPSG.01.01.01	Use at least two patient identifiers.
2	Improve staff communication	NPSG.02.03.01	Get important test results to the right person on time.
3	Use medications safely	NPSG.03.04.01	Before a procedure, label medicines that are not labeled.
		NPSG.03.05.01	Take extra care of patients who take medications to thin their blood.
		NPSG.03.06.01	Record and pass along correct information about a patient's medicines.
6	Use alarms safely	NPSG.06.01.01	Make improvements to ensure alarms on medical equipment are heard and responded to on time.
7	Prevent infection	NPSG.07.01.01	Use the hand hygiene guidelines from the Centers of Disease Control and Prevention and the World Health Organization.
15	Identify patient safety risks	NPSG.15.01.01	Reduce the risk of suicide.
UP	Prevent mistakes in surgery	UP.01.01.01	Make sure the correct surgery is done on the correct patient and at the correct place on the patient's body.
		UP.01.02.01	Mark the correct place on the patient's body where the surgery is to be done.
		UP.01.03.01	Pause before the surgery to make sure that a mistake is not being made.

## Patients' Rights / Ethical Values

As a Catholic Healthcare Services Provider, Saint Mary's Healthcare System is committed to supporting basic rights and responsibilities of patients. Please read these two pages at the end of this packet. As a Catholic institution, Saint Mary's adheres to the Ethical and Religious Directives (ERDs) for Catholic Healthcare Services. Saint Mary's may not be able to follow certain directives requested by a patient or their delegate which conflict with the ERDs. Additional information regarding ERDs is available from the Pastoral Care Department. Please refer to Saint Mary's InfoNet for further information and how to request an ethics consultation.

## Sexual Harassment

Saint Mary's Hospital is committed to maintaining a collegial work environment in which all individuals are treated with respect and dignity and which is free of sexual harassment. In keeping with this commitment, the Hospital will not tolerate sexual harassment of employees by anyone, including any supervisor, co-worker, patient, vendor client or customer, whether in the workplace, at assignments outside the workplace, or at sponsored social functions, or elsewhere.

### **Prohibited Conduct –Sexual harassment is defined as:**

- A. Unwelcome or unwanted sexual advances, requests for sexual favors, or other physical, verbal, or visual conduct based on sex when
  - 1. Submission to the conduct is an explicit or implicit term or condition of employment or
  - 2. Submission to or rejection of the conduct is used as the basis for an employment decision.
- B. Conduct which has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating hostile or offensive working environment.

**Examples** of sexual harassment include unwanted sexual advances; explicit sexual propositions; demands for sexual favors in exchange for favorable treatment or continued employment; repeated sexual innuendoes, suggestive comments, sexually-related kidding, teasing, or practical jokes, jokes about gender-specific traits; foul or obscene body language or gestures with sexual connotations; display of foul or obscene printed or visual material with sexual content; and physical contact, such as touching, patting, pinching or brushing against another's body. The offender or the victim of harassment may be a man or a woman and, in addition, harassment can occur involving persons of the same or opposite sex.

### **Complaint Procedure**

If any employee believes that he/she is being harassed, the employee should clearly and promptly notify the offender that the behavior is unwelcome. If for any reason an employee does not wish to confront the offender directly or if such confrontation does not successfully end the harassment, the employee should immediately notify his/her immediate Manager or Department Manager or Vice President. The employee also has the option of reporting the harassment to the Vice President of Human Resources or General Counsel. Complaints may also be made directly to any other manager or member of Administration or with whomever the employee feels comfortable.

### **Confidentiality**

To the fullest extent practical and appropriate under the circumstances, Saint Mary's will treat complaints and the terms of their resolution as personal and confidential.

## NEW LEARNER ORIENTATION SIGN-OFF SHEET

This New Learner Orientation Sign-Off Sheet must be signed by the learner following the learner's review of the Orientation Information Packet, as verification that the learner has been oriented on each topic outlined below:

- ✓ Saint Mary's History
- ✓ Back Safety and Patient Transfers
- ✓ Electrical and Equipment Safety
- ✓ Emergency Codes
- ✓ Fire Safety
- ✓ Identification Badge / Active Shooter / Rapid Response Team
- ✓ Hazard Communication Program
- ✓ Infection Control and Bloodborne Pathogens
- ✓ Medical Waste / Pharmaceutical Waste
- ✓ Mandated Reporters (Child/Elder Abuse)
- ✓ Diversity and Inclusiveness in Healthcare
- ✓ Risk Management
- ✓ Special Services for Patients and Companions
- ✓ Patients' Rights and Responsibilities
- ✓ Patient Rights / Ethical Values / Sexual Harassment
- ✓ National Patient Safety Goals
- ✓ New Learner Orientation Sign-Off Sheet
- ✓ Clinical Experience Participation Agreement
- ✓ Confidentiality and Non-Disclosure Statement
- ✓ Corporate Compliance Plan and Code of Conduct Acknowledgement Statement
- ✓ Conflict of Interest Disclosure Statement

I have read the New Learner Orientation Packet containing pertinent information on the above listed topics. I understand that this Orientation Packet was provided to me as an orientation to these topics. I further understand that additional information is available to me by contacting my clinical coordinator

---

**New Learner Printed Name**

---

**New Learner Signature**

---

**Date**

---

**Organization (School)**

**Exhibit A**  
**Student Participation Agreement**

I, ("Student"), \_\_\_\_\_ in consideration of participating in the education  
(print name)

experience program provided by ("Organization"), through my participation in Organization's training program, hereby agree to the following:

1. I will comply with all applicable, policies, procedures, rules and regulations of Organization, and the instructions of Organization supervisors, including but not limited to, those governing patient confidentiality. I will further observe professionally appropriate modes of dress, behavior and grooming at all times.

2. I will participate in education and training opportunities in accordance with the instructions of Organization supervisors.

4. I understand and acknowledge that Organization has the right to take certain actions, including but not limited to, the right to suspend or terminate me from, or limit my participation in, the education experience program, or to evaluate me unfavorably, if in its exclusive judgment I have failed to observe applicable policies, procedures, rules, regulations, or the instructions of Organization supervisors, or have compromised the standard or quality of patient care or the safety of patients, or for other reasonable cause, including the failure to follow appropriate modes of dress, grooming and behavior. **I hereby voluntarily release Organization and its directors, officers, employees, agents and representatives from any and all liability based on such actions.**

5. I acknowledge that the educational experience received by me from Organization shall be received as a student at

\_\_\_\_\_  
(insert school name)

as a part of my professional training, and not as an employee of Organization. I understand that as a participant in this educational program, I shall not be entitled to compensation or employee benefits, nor shall I be considered an employee of Organization for purposes of unemployment compensation, minimum wage laws, workers' compensation, income tax withholding, Social Security benefits, or any other purpose or benefit.

5. I understand that any and all work product created or developed by me in the performance of my educational experience program at Organization shall be the sole and exclusive property of Organization and that I agree to abide by Organization's policies and procedures in such regard. I hereby irrevocably convey, transfer, and assign to Organization all right, title and interest in and to, including all intellectual property rights in and to, such work product, whether or not such work product is deemed a "work made for hire" under the Copyright Act. I irrevocably waive any and all claims I may now or hereafter have in any jurisdiction to so called "moral rights" with respect to the work product and shall provide to Organization all assistance reasonably required to perfect Organization's and its affiliate's rights in the work product hereunder. Notwithstanding the foregoing, I understand I may use work product created or developed in the performance of an educational experience under this Agreement for the sole purpose of satisfying School course requirements and for no other purpose.

7. I understand and acknowledge

\_\_\_\_\_  
(insert school name)

shall have complete control over all academic aspects of the educational program, including but not limited to, admissions, administration, faculty appointments, program design, grading, examinations and evaluations. I hereby voluntarily release Organization and its directors, officers, employees, agents and representative from any and all liability based on such actions.

8. I understand Organization requires that I submit proof of immunizations to my School prior to the start of my educational experience at Organization. I understand also failure to submit such proof or receive a religious or medical exemption as applicable from my School will prohibit me from participating in an educational experience at Organization. Immunizations I must submit proof of receiving include: TB (or negative screening), Mumps, Rubella, Rubeola, Varicella Zoster, Hepatitis B Vaccine, Influenza and COVID-19. I understand that vaccines which are, or may be, seasonal in nature must be current prior to the start of my educational experience.

9. I have reviewed the Patient Rights Information.

10. I have read this Participation Agreement carefully and have had sufficient opportunity to ask questions and any of my questions were answered to my satisfaction before signing it.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature if Student is a minor

\_\_\_\_\_  
Date

Trinity Health Of New England (TH Of NE) and its affiliates, which are covered entities as defined under HIPAA regulations (referred to in this document as Trinity Health Of New England), have the legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their personal, health, financial and related information, referred to in this Agreement as "Protected Health Information." Therefore, Trinity Health Of New England requires that each of its providers, employees, residents, students, volunteers, business associates, contractors, vendors, agents and representatives maintain the confidential nature of Protected Health Information (PHI) and to abide by the specific policies of TH Of NE regarding the access to, disclosure of, and use of such information.

Protected Health Information, which is to be held confidential, is described in the Privacy Policies of TH Of NE. This includes both paper and electronic patient data stored throughout the organization or stored on computer systems.

---

As a condition of my employment or association with TH Of NE, and due to my ability to access and use patient information, I acknowledge and agree to the following:

- ☐ I acknowledge that I have read the Confidentiality of Patient Information Policy of Trinity Health Of New England.
- ☐ I agree that I will keep confidential all PHI accessed or used in the course of performing my job functions, and I will not at any time during or after my employment, business relationship, or association with Trinity Health Of New England disclose PHI except in compliance with the Confidentiality of Patient Information Policy.
- ☐ I agree that I will not examine or make copies of any documents containing PHI unless there is a legitimate health care treatment or business need and appropriate protocols for accessing, disclosing or using such patient information have been followed. This includes making copies or downloading patient data that is stored in computer systems accessed in performing job functions. I understand that any requests to release PHI must be directed to Health Information Management or the appropriate department within Trinity Health Of New England.
- ☐ I agree to use discretion when PHI must be discussed with others in the course of my work, and I agree to take reasonable precautions to assure that such discussions cannot be overheard by others who do not have a need to know such information.
- ☐ I understand that PHI in any form shall not be removed from the facilities of Trinity Health Of New England or disclosed to unauthorized persons unless a legal authorization has been obtained or such disclosure is mandated by law. I understand that any requests to release PHI must be directed to Health Information Management or the appropriate department within Trinity Health Of New England.

- ☐ I agree to access only those specific elements of information for which I have legitimate access rights based on my assignment and responsibilities. I understand I cannot use my computer access to look up PHI that is not required to perform my job responsibilities. Curiosity or concern about an individual's condition does not constitute a legitimate need to access a record.
- ☐ I agree to keep my password(s) confidential and not share it (them) with any individual or allow any individual to access information through my password(s). I understand that my password(s) will be changed periodically to help maintain security of the systems.
- ☐ I agree to follow policies related to the use of email. I understand that it is strictly prohibited to use email that includes, but not limited to the following activities: illegal or fraudulent, offensive or obscene, annoying or harassing, or on behalf of other organizations.
- ☐ I agree to follow policies and procedures that govern the use of computer software. I will comply with all applicable software licenses and copyright laws and will take reasonable precautions to protect the hospital from computer viruses.
- ☐ I have read all of the above sections of this agreement and I understand that violation of this agreement may result in disciplinary action, up to and including termination. In addition, I may be subject to federal or state laws which include fines and/or imprisonment and/or reporting the breach of confidentiality to professional licensing boards.

**Student / Instructor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student / Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **CORPORATE COMPLIANCE PLAN AND CODE OF CONDUCT ACKNOWLEDGEMENT STATEMENT**

This Code of Conduct is intended to promote high standards of patient care, business and ethical conduct in all activities involving Saint Mary's Hospital, Inc., Saint Mary's Hospital and Medical Center, and all affiliates in the Saint Mary's Hospital Health System. Saint Mary's Hospital is committed to compliance with all legal requirements, including full compliance with all Federal health care program requirements and the preparation and submission of accurate claims consistent with such commitment.

It is the policy of Saint Mary's Hospital to conduct its operations as a model corporate citizen; to impose the highest ethical standards for all Saint Mary's Hospital personnel; to maintain a zero tolerance for violations of applicable laws and regulations and the requirements of federal and state health programs, and for fraud, waste or abuse; and to enforce appropriate sanctions on those who violate these principles.

Refer to the Trinity Health Corporate Compliance Plan and Code of Conduct for more details. It is found on the STMH InfoNet or at STMH.org and search "Code of Conduct."

---

☐ I have received, read, understand and will abide by the Saint Mary's Hospital Inc. Code of Conduct.

☐ I have received the Saint Mary's Hospital Corporate Compliance Plan and Code of Conduct document. I accept the responsibility to read, understand and abide by as is appropriate to my job responsibilities.

---

As Saint Mary's Hospital personnel, you are required to certify in writing that you are not an "Ineligible Person" and to disclose immediately to the Corporate Compliance Officer if you are an Ineligible Person. Ineligible Person is one who (i) is currently excluded, debarred, suspended or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or nonprocurement programs, or (ii) has been convicted of a criminal offense that falls within the ambit of the Civil Monetary Penalties Law (42 U.S.C. Section 1320a-7(a)), but has not been excluded, debarred, suspended or otherwise declared ineligible.

☐ I certify that I am not an Ineligible Person and have not been convicted of a criminal offense as described above.

---

**New Learner Printed Name**

**New Learner Signature**

**Date**



---

## CONFLICT OF INTEREST DISCLOSURE FORM

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization/Department: \_\_\_\_\_ / \_\_\_\_\_ Contact#: \_\_\_\_\_

The purpose of this form is for you to disclose any interest or affiliations that you or a family member(s) may have that, when considered in light of your position within or relationship to **Trinity Health** may potentially create a conflict of interest (see examples on following page).

*Please disclose your interests and affiliations with **Trinity Health** or its **Ministry Organizations**, and other related organizations referred to herein as the **Unified Enterprise Ministry (UEM)** in one of the following boxes:*

- ☐ I do not have any conflicts of interest with the **Trinity Health UEM**. Neither do any family members
- ☐ I do have a conflict/family member have a conflict (*describe below*)\*\*
- ☐ I or a family member **may have** a conflict/not sure (*describe below*)\*\*

Electronic Signature and Date: \_\_\_\_\_

**Please describe the actual or potential conflict of interest below:**

---

---

---

---

---

---

---

---

**\*Potential and Actual Conflicts of Interest will be reviewed by the Integrity and Compliance Department and also Legal Services for Trinity Health Of New England. All potential or actual conflicts should be reported to the Integrity and Compliance Officer.**

---

## POTENTIAL CONFLICTS OF INTEREST

---

- **IN GENERAL:** Medical staff members may not engage in any personal, business or professional activity which conflicts with the duties and responsibilities of their position within the organization.
- **ENDORSEMENTS AND TESTIMONIALS:** Suppliers, vendors, trade and professional organizations, and others may seek an endorsement or testimonial from medical staff members of Trinity Health. Medical staff members cannot agree to perform such endorsements or testimonials without prior written approval from the Department Chair, VP of Medical Affairs, Local Integrity Officer, or CEO.
- **FINANCIAL INTERESTS:** Except for investments in large, publicly traded companies, medical staff members should disclose financial relationships to Trinity Health, medical staff leadership, and patients that could create a risk that professional judgment or actions regarding a primary interest (patient care, research, medical education) will be unduly influenced by personal, family, or friends' gain.
- **Medical staff members may not do business with, or on behalf of Trinity Health,** or recommend that Trinity Health do business with a company in which the medical staff member or immediate family member has a financial interest or business relationship without first disclosing such relationship to the Department Chair, VP of Medical Affairs, Local Integrity Officer, or CEO.
- **If a medical staff's family member works for a vendor, contractor, customer or competitor,** and is in a position to influence the medical staff member's decisions affecting Trinity Health with that vendor, contractor, customer or competitor, the medical staff member must promptly disclose the family member's position to his/her Department Chair, VP of Medical Affairs, Local Integrity Officer, or CEO.
- **A conflict of interest may arise when a medical staff member serves as a board member** for an outside organization that does business with or seeks to do business with Trinity Health. Public service is encouraged, but such positions must be disclosed to the medical staff member's Department Chair, VP of Medical Affairs, Local Integrity Officer, or CEO.
- **Unless otherwise directed by Trinity Health,** when speaking on public issues or as a member of an outside organization, medical staff members should not give or permit the appearance that they are speaking on behalf of Trinity Health.
- **When serving as a member of an outside organization or in public office,** medical staff members should consider abstaining from any decisions or discussions that could affect Trinity Health. The medical staff member should make the reason for abstaining clear to the outside organization or to the applicable public officials and advise his/her Department Chair, VP of Medical Affairs, Local Integrity Officer, or CEO about such matter.
- **SELF-DEALING:** Actions disloyal to the organization for personal gain are called "self-dealing" and are prohibited. Examples of self-dealing are stealing, or disclosing proprietary information so that you, a friend, an associate, or a family member may obtain a profit or other advantage.
- **VENDORS and PHARMACEUTICAL INDUSTRY:** Medical staff members are expected to maintain objective relationships with all current and potential health industry and pharmaceutical representatives. Medical staff members must not exert, or appear to exert, special influence on behalf of an industry representative or potential representative because of friendship or any other relationship. Medical staff members must disclose potential conflict of interest/relationships to Trinity Health, medical staff leadership, and as applicable to patients who are or may use these products.
- **OUTSIDE EMPLOYMENT:** Employment or medical staff membership with outside entities must not interfere or conflict with the performance of the medical staff member's duties at Trinity Health.
- **CONFIDENTIAL INFORMATION:** The use of confidential, non-public information for personal advantage is prohibited.

Photocopies and/or facsimile copies of this Authorization will serve the same purpose as the originally executed document.