

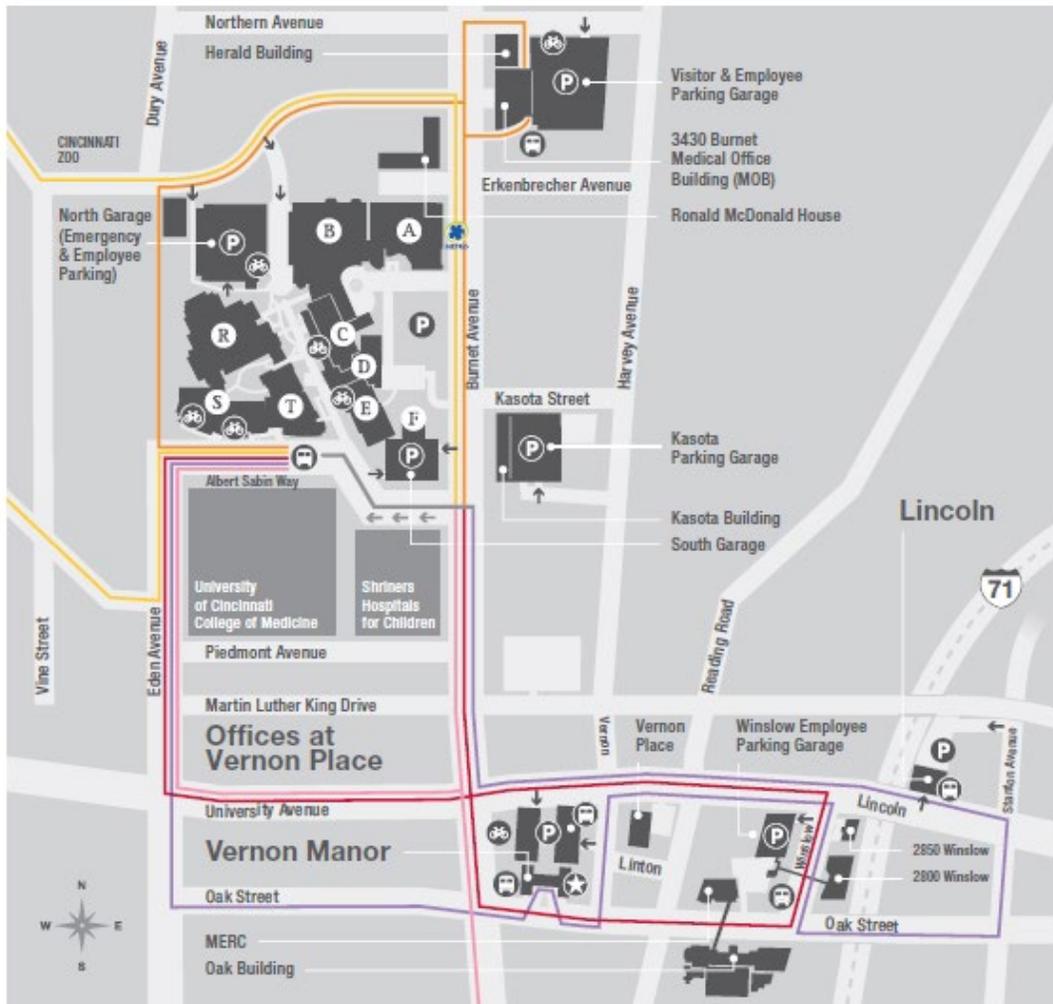


# Orientation Manual

Center for Professional Excellence  
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Cincinnati Children's Hospital Medical Center  
3333 Burnet Avenue  
Cincinnati, OH 45229-3039  
Phone: 513-636-4200  
Toll-Free Number: 1-800-344-2462  
TTY: 513-636-4900

# Parking



- Red** ———— Oak > Burnet
- Orange** ———— MOB/Herald > Burnet Campus
- Pink** ———— Burnet Campus > 24 E. 6th Street > Burnet Campus
- Yellow** ———— Burnet Campus > Bishop > Brookline > Senator
- South Loop** ———— Burnet Campus > Vernon Manor > Vernon Place > Oak/Winslow > Lincoln > Burnet Campus  
*(runs from 6 am - 7 pm)*

- A** Location Name
- P** Parking
- Bicycle Racks
- Parking Entrances
- New Employee Orientation
- Shuttle Stop

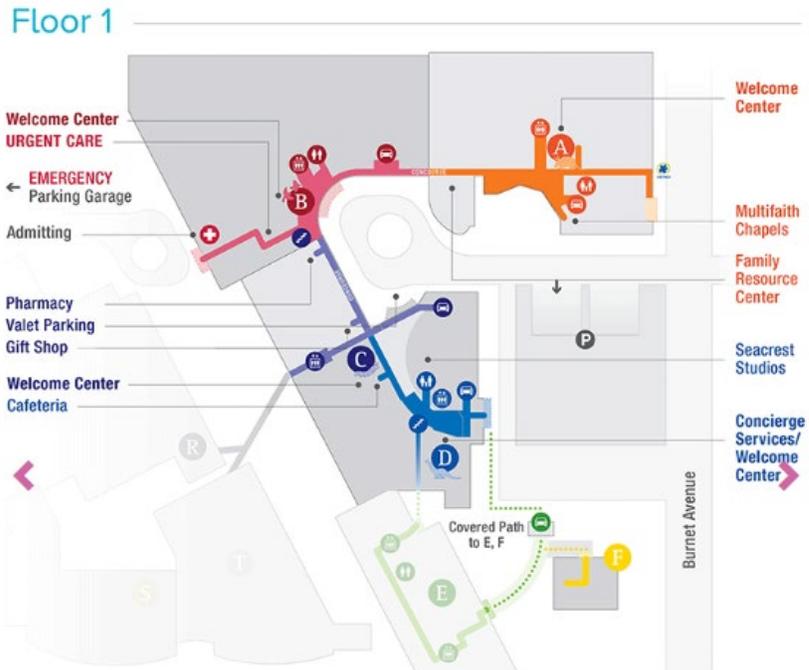
Track your shuttle- download the [Double Map app](#)

**Student parking assignments will be made at the time badges are received.**

**Shuttles:** Click [here](#) for the Shuttle Schedule

# Concourse Maps

This concourse map will help you find your way around the main campus of Cincinnati Children's Hospital Medical Center by identifying each building location color and letter. [Download a printer-friendly version of the Main Concourse map.](#)



## Welcome to Cincinnati Children's Hospital Medical Center!

Cincinnati Children's Hospital Medical Center is nationally recognized in Pediatric healthcare, with a reputation for excellence in patient care, research, and medical education. Cincinnati Children's ranks third in the nation among all Honor Roll hospitals in U.S. News and World Report's 2019-2020 Best Children's Hospitals ranking.

Cincinnati Children's is proud to have been granted Magnet status by the American Nurses Credentialing Center in 2009 and the third designation in June 2018. The Magnet Recognition Program® is the gold standard for acknowledging nursing excellence and collaboration among care providers. Organizations must demonstrate quality patient care, nursing excellence, and innovations in professional nursing practice. Only 9 percent of hospitals have earned Magnet recognition.

Cincinnati Children's was one of ten pediatric institutions in the nation to be named one of Leapfrog Group's 2017 "Top Hospitals." The Leapfrog Group considers the survey to be the nation's premier hospital patient safety evaluation tool and it gives consumers and health care purchasers' up-to-date assessments of 1,501 participating hospitals' quality and safety. Top pediatric hospitals make the list by having a quality score of 95 or better on a scale of 100, as defined by the Leapfrog Hospital Recognition Program.

Our Research Foundation is ranked second among all pediatric centers receiving research grants from the National Institutes of Health (NIH).

Our medical center consists of over 600 licensed beds and is one of the largest pediatric learning centers and is a full service, not for profit, pediatric academic medical center. Our growth continues and we currently have employed more than 15,000 staff. Services offered include: well child care, specialized medicine, surgical rehabilitation, psychiatric, home care, emergency care, and the only level one pediatric trauma center in Southwest Ohio. We deliver care to patients from 47 countries and all 50 states.

As a student, you will have access to such services as the online drug formulary, Micromedex, policies and procedures, specialty centers homepages-which discuss in detail many diseases and treatments, as well as wireless access at all Cincinnati Children's locations to enable improvements in education, quality, and the patient care experience.

Through your clinical experience, you will join an outstanding staff that is committed to providing excellent patient care and developing your potential. This booklet has been prepared as a guide for all students and clinical instructors having clinical experiences at Cincinnati Children's. Outlined are the normal procedures, restrictions, and safety regulations that must be followed while at Cincinnati Children's Hospital Medical Center.

This manual **does not** cover every situation and **does not** replace a thorough orientation to your assigned department. All students and clinical instructors are expected to be familiar with the contents of this manual and should keep the manual readily accessible for future reference.

## Unit Descriptions

The Medical Center is in a constant state of reorganization and construction, adding additional patient beds. For additional details and the most current information about CCHMC units, visit [this link](#).

## Frequently Used Telephone Numbers

Unit / Areas	Base	Liberty
Center for Professional Excellence	513-636-4232	
Child Life & Integrative Care	513-636-8855	
Clinical Engineering	513-636-4100	
Code Team	513-636-8888	513-803-9999
Community Relations	513-803-5532	
Family Resource Center	513-636-7606	
Fire Emergency	513-636-4204	
Information Service Help Desk	513-636-4100	
Integrity Helpline	1-866-856-1947	
Interpreter Services	513-636-1444	
Medical Response Team	513-802-9195	
Pharmacy	513-636-4291	
Plant Engineering	513-636-4552	
Protective Services	513-636-4204	
Risk Management (aka Legal)	513-636-4707	
Safety and Harm Report	513-803-SAFE 513-803-7233	
Social Services	513-636-4711	

## Our Core Values

At Cincinnati Children's, our core values are the foundation of who we are. They are touch points for excellence and professionalism. They are our beacon when we question what choices to make. As a student and member of the healthcare team, all interactions should follow our core values.

### Respect everyone

#### Treat others as they would like to be treated

- Listen deeply to what people say and express
- Embrace all differences to change the outcome
- Take responsibility for my actions and decisions
- Choose humility over arrogance

### Tell the truth

#### Be honest and transparent in all interactions

- Admit mistakes and learn from them
- Forgive others and move forward
- Tell people what they need to know

### Work as a team

#### Inspire, challenge and support colleagues, patients and families to advance the mission

- Leverage the gifts and talents of others
- Make it possible for others to thrive
- Deliver on commitments and be accountable
- Learn with and from others
- Recognize others and their contributions

### Make a difference

#### Go above and beyond in the service of others and Cincinnati Children's

- Act to improve experience, outcomes and value
- Do the right thing, even when nobody is watching
- Do what is right, even when it is difficult
- Embrace change and offer new ideas

## Cincinnati Children's Vision and Mission

Cincinnati Children's Hospital Medical Center is dedicated to providing the highest level of pediatric care.

Cincinnati Children's **Vision** Statement: *Cincinnati Children's Hospital Medical Center will be the leader in improving child health*

Cincinnati Children's **Mission** Statement: *Cincinnati Children's will improve child health and transform delivery of care through fully integrated, globally recognized research, education and innovation.*

For patients from our community, the nation and the world, the care we provide will achieve the best:

- *Medical and quality of life **outcomes***
- *Patient and family **experience***
- ***Value***

today and in the future.

The strategic plan is built on five fundamental elements within the mission: **innovation, organization, outcomes, experience** and **value**. Each element has several supporting goals and numerous initiatives in order to achieve the goals. Everyone is focused on providing the measurably best outcomes, experience and value for the patients and families we serve here, and around the world.



Click to learn more about our goals and our 2020 Strategic Plan: [Strategic Plan 2020](#)

## Visiting Guidelines

Family presence and visits from friends are important components of patient care. General visiting hours are from 8:30 am to 8:30 pm. Individuals 14 years or older may visit. For safety reasons individuals spending time with patients must be healthy and not have a communicable disease. To facilitate patient care and to respect patient's need for privacy and rest, everyone must practice according to these guidelines.

**Parents/guardians need to obtain a temporary access card to enter patient care units. Staff at the Welcome Centers will be asking visitors for identification before providing them access to the Location A or B elevators.**

- Up to 4 primary support persons (i.e. parents, guardians, spouse) may receive 24-hour access. Up to two may stay overnight. Up to 6 individuals (i.e. siblings, family members, friends) may be identified to visit.
- Additional family and friends can share their support by making a video call, sending a free e-greeting card or old-fashioned mail, following social media or by calling the Gift Shop or concierge service.
  - The unit will issue an overnight ID band to those individuals spending the night. Each morning the overnight ID band will be removed and discarded. A new band is required for each night of stay.
  - The inpatient units will maintain a log of overnight visitors.
  - Protective services will assist any visitor wishing to visit after 8:30 pm.

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## Smoking Policy

The hospital is dedicated to the well-being of all patients, visitors, students, faculty members and employees utilizing the facilities. As a result, Cincinnati Children's has instituted a No Smoking policy throughout the facility and on all medical center property.

## Security Issues

The security program is administered through the Protective Services Department, who can be contacted by at 636-4204.

If you must walk to parking lots and garages after dark, Protective Services encourages you to walk in groups of two or more. You may call Protective Services to request an escort. "Help" panic buttons are available and clearly marked in Cincinnati Children's garages to summon help in emergency situations.

## Student Expectations in the Patient Care Environment

All students and faculty members must wear a Cincinnati Children's green badge at all times when on campus. The cost of the badge is \$15 which is refunded on the last clinical day after the badge is turned in. Your clinical instructor will inform you of the procedures to obtain a student badge. If you are a current Children's employee, you will not receive a student badge.

Protective Services should be notified immediately of suspicious persons on Medical Center property, any destruction of hospital property or disruption of hospital activities.

Please secure all personal belongings while at Cincinnati Children's. If space does not allow for securing valuables, please leave them at home. Due to infection control, safety, risk of HIPAA breaches and patient/family/staff feedback, personal mobile phones are not permitted in patient care areas and in the presence of patients/families. Personal phones may be used in non-patient care areas during designated breaks.

# Patient Rights

## Family Centered Care

Cincinnati Children's Hospital Medical Center incorporates the family-centered care philosophy into every aspect of its clinical and research practice. At the heart of family-centered care is the belief that health care providers and the family are partners, working together to best meet the needs of the child. Parents and family members provide the child's primary strength and support. Their information and insights can enhance the professional staff's technical knowledge, improve care and help us design better programs and friendlier systems.

## Patient, Parent, and Guardians

The patient rights and responsibilities are posted in English at registration areas at all Cincinnati Children's sites of care. These are also provided in every patient room on the main campus in the patient and family information binder. An in-room binder is also available in Spanish for those who need it. The Cincinnati Children's internet site has the rights and responsibilities available in six languages. These rights and responsibilities can be read [here](#).

## Family Advisory Council

Cincinnati Children's Hospital Medical Center values the opinions and suggestions of families who have had experience with the medical center. At Cincinnati Children's, the Family Advisory Council empowers families and gives them a voice in decisions that affect patient care and family experiences. The Family Advisory Council includes adult family volunteers and Cincinnati Children's employees. Two parent coordinators co-chair the group.

## Evidence-Based Practice (EBP)

Cincinnati Children's Hospital Medical Center practitioners base their practice on evidence. Evidence Based Practice (EBP) activities at Cincinnati Children's provide opportunities such as: classes, projects and guideline development for students and staff in order to provide care based on evidence. The EBP approach provides a consistent and reliable method of seeking answers to care questions. This approach consists of: asking the care question in a clear way, collecting the most relevant and best evidence, critical appraisal of research findings, integration of all evidence including research, clinical expertise, patient and family values, preferences and evaluation of a care decision or change. EBP activities based on the problem solving approach can be implemented as an individual or as a member of a group. Working with colleagues, whether directly or indirectly, can lead to success in developing a plan of care based on evidence and high quality outcomes for patients and families.

## Confidentiality/Integrity

The information contained in the medical record is confidential (i.e. told in confidence, trust). **Students may only access the patient medical record while on Cincinnati Children's Hospital Medical Center grounds or in secure college computer labs designated by the nursing school.**

It is held that the relationship between the patient and the practitioner involved in evaluating the patient's health or need for service is special and that their communication should be protected from disclosure. Access to confidential information is limited to the patient, the patient's guardian or authorized representative, the attending physician, primary care physician, referring physician and hospital staff members **with a legitimate need for such access.**

All members of the Cincinnati Children's Hospital Medical Center staff, including students, are responsible for controlling and enforcing the principle that the information contained in the medical record is private and confidential. Every effort must be made to ensure that access to confidential information is appropriately restricted. Verbal communication must be monitored to ensure that confidential information is not inadvertently released. Conversations in public areas such as the cafeteria, elevators, hallways, shuttles, and nurse stations must never contain privileged information. Carefully monitor your conversations and the conversations of others so as to protect the patient's right to privacy.

The standards of confidentiality that apply to the written patient health information (PHI) record also apply to patient information available in the various computer systems and to phone conversations. Students should direct all requests for information from the medical record to the Cincinnati Children's staff nurse responsible for the patient. Do not leave PHI on unattended computers. If you are not physically in front of the computers, log off of the computers. On the units with the HealthCast system for easy access to Epic, it is very important to remember to 'Tap In - Tap Out - Tap Over' as a further step to protect the patient's privacy and your own security in the EMR. Do not share your Username and Password with anyone for any reason.

Parents of in-house patients may have access to the medical record of their child. However, the record can only be reviewed in the presence of the physician and in a setting where the physician remains with the parent during the review in order to interpret and answer questions concerning the content of the medical record. If items to be discarded have patient names, mark through the names with black permanent marker prior to discarding (ie. bags that contain medication doses).

Any business partner found to be in violation of the privilege of Cincinnati Children's facilitated access to information systems or in violation with Cincinnati Children's Policies and Procedures, may be sanctioned, which could include denial of access to the Cincinnati Children's network, cancellation of any contractual agreement between Cincinnati Children's and the business partner, discipline by the Medical Staff, and any other action deemed appropriate.

**\*\* After reading the manual, complete the Confidentiality Agreement on the last page of your Forms Checklist packet and return it to your Clinical Instructor/Julie Moody, prior to your first shift at Cincinnati Children's.**

## Logon Instructions

### Multi-Factor Authentication:

**Before accessing Cincinnati Children's Hospital Medical Center systems from a remote location**, an added security factor needs to be configured and **must be used in addition to your username and password**. Cincinnati Children's uses Microsoft's Multi-Factor Authentication solution to create this additional security factor. To set this up, first navigate to the [MFA portal here](#) and follow the instructions below.

You will use your Cincinnati Children's username and password to access this site. [This job aide](#) will walk you through the process options to set this up. Following setup, you will be able to remotely connect to Cincinnati Children's network and systems.

### CCHMC network/Extranet

To logon to the Cincinnati Children's network or the extranet, go to <https://extranet.cchmc.org>. All employees and non-employees are assigned a username/password and are given access to CenterLink and ELM.

**Students may access CenterLink resources, but are not permitted to access a patient's medical records from outside Cincinnati Children's campuses, except at designated college computer areas.**

Individuals who have forgotten or don't know their username or password, can use the [MyPassword](#) page to gain access. Initially, passwords are **Chmcxxxx** (where xxxx is the last four digits of the individual's Social Security Number). If you are unable to access CenterLink, contact the Service Desk at (513) 636-4100 for help.

User must logon with a PC. Integrity training may not always be Macintosh compatible; use of the Firefox browser may work best. If you encounter issues, try using a different web browser. If you need help, call the Service Desk at (513) 636-4100.

1. To access ELM via MyHub:
  - a. Open your browser and go to CenterLink. For most Cincinnati Children's workstations, CenterLink will be the default start page when the browser is launched. Otherwise, enter this address in your browser: <http://centerlink.cchmc.org>
  - b. Click on the **My Hub** button on the CenterLink main page, then click on **My Learning**. Required modules you need to complete will be listed under **My Current Learning**.
    - i. To the right of the title of the module(s) you are enrolled in, click **Launch**. Click **Launch** again to begin the module. Follow the instructions to complete the training. Repeat this process for each assignment.
    - ii. Use the Search box to locate modules requiring self-enrollment.

## Microsoft Outlook Web Application

All students and faculty must use the Cincinnati Children's Microsoft Outlook Web Application for electronic communications involving secure patient information. All students at Cincinnati Children's receive an email address when they are given a network access ID. To access your secure Cincinnati Children's email account outside Cincinnati Children's, type the following address in the browser: [Outlook.office.org](https://Outlook.office.org) You should see the following screen:



The image shows a composite of a photograph and a screenshot. On the left, a photograph shows a young girl with a stethoscope around her neck, looking at a smiling woman. On the right, a screenshot of the login page for Cincinnati Children's is shown. The page features the logo, a sign-in prompt, a username field (containing 'someone@example.com'), a password field, a 'Sign in' button, and a link for multi-factor authentication. Two callout boxes provide instructions: one for the password format and one for the username field.

Type in your Password (Chmcxxxx) xxxx=last 4 digits of Social Security Number.  
\*Multifactor authentication (MFA) must already be set up

Type in your Cincinnati Children's Network ID (Username/User ID)

## Bioethics Committee

Cincinnati Children's has a Bioethics Committee which provides help with resolving ethical issues in patient care. The committee is available without charge on a 24-hour basis to medical center staff and to patients and their families or representatives.

Anyone wishing to contact the Bioethics Committee may do so by calling the hospital operator (dial "0"). Patients and family members may directly request a Bioethics consultation or may ask their doctor, nurse or other health care provider to request a consultation.

## Advance Directives

An advance directive is a legal document initiated by an adult (person 18 years or older) that outlines in advance the individual's healthcare desires or assigns someone to make healthcare decisions in the event that the individual is unable to make his own decisions. If a patient requests an advance directive, contact Admitting or Division of Family and Consumer Relations. A representative from one of these departments will assist the patient. For further questions, please refer to the Medical Center Policy MCP-G-120.

## Grievance Mechanism for Patients/Parents/Visitors

Every effort is made to resolve patient/family concerns within the department where the concern originates; however, if that is unsuccessful, a referral should be made to the Division of Family Relations. This department processes and resolves patient/parent concerns and formal grievances. Cincinnati Children's staff, students and faculty or patients/parents are encouraged to contact the Division of Family Relations for assistance in dealing with difficult situations.

## Electronic Safety Reporting

At Cincinnati Children's there are two types of safety reports: one for patient and visitor incidents or near misses; the other for employee incidents or near misses. Refer to the Medical Center Policy *MCP-G-101: Reporting Potential Safety Events: Patients, Visitors, or Students*.

Safety reports are used to report any unusual incident concerning patients, visitors, or students which is not consistent with the routine operations of the Medical Center or the routine care of a particular patient. An unusual incident is defined as any event that is not expected to happen: accidents, excessive delays, omissions, bizarre or untoward behavior; any event that is uncommon, abnormal, or inconsistent with routine regardless i.e. the incident reaches or affects the patient. The information provided is utilized to review and improve process and procedures to ensure a high level of safety in care delivery.

All safety reports should be completed according to Cincinnati Children's policy and using the online electronic safety reporting system, found on the employee page of CenterLink. **Dial 803-SAFE**

- All unusual incidents must be documented by means of a safety report.
- Incidents involving patients, visitors or students must be reported to your instructor, Cincinnati Children's nursing personnel and the physician caring for the patient.
- Any particularly serious incident should be reported immediately to the Department Director or the Administrator on-call and to the Director of Risk Management.
- An entry recording the facts of any patient incident must be made in the patient's medical record.
- **No reference to the completion of a Safety Report is to be made in the medical record.**
- All reports must be stated in an objective manner, stating facts only.
- No copies of the safety report are to be produced.
- When in doubt about whether a situation requires a safety report, fill one out.

**When a student completes a patient safety report, the following information needs to be included:**

1. Name of student's school
2. Name of faculty member or Cincinnati Children's preceptor

If a student or faculty member is injured while on Cincinnati Children's premises, he or she must complete **the visitor section** of the patient/visitor incident report. Students and faculty are considered visitors for the purposes of reporting. The individual who is injured has the option of reporting to the Cincinnati Children's Emergency Department or returning to his home school/personal physician for treatment. If the individual goes to the Emergency Department for treatment, a bill for services will be issued. If the injured party decides to go elsewhere for treatment, this should be indicated on the safety report form.

Employee incident reports are used to report any unusual incident involving a member of the Cincinnati Children's staff only. **Remember, students and instructors are considered visitors for the purposes of reporting.**

## Medical Equipment

Clinical Engineering supports the clinical and research instrumentation and equipment needs of Cincinnati Children's by providing cost effective planning, education, maintenance, repair, testing and/or documentation of all equipment and instrumentation owned or operated by Cincinnati Children's and used in the direct treatment of the patients or in clinical or research activities.

Report all electrical hazards (such as frayed cords, missing ground prongs on plugs, misused extension cords) and damaged medical equipment to the Service Desk at 6-4100, who will contact Clinical Engineering.

If a piece of medical equipment has been dropped, even if there is no visible damage, Clinical Engineering (via the Service Desk) must be contacted to test the equipment and assure appropriate function. A Safety Report needs to be completed any time medical equipment malfunctions, even if the patient is not harmed. The yellow copy of the incident report should be attached to the equipment.

All electrical equipment needs to be inspected and tested for proper operation prior to initial use including patients' personal electrical equipment and supplies. A green safety check label will be affixed when this inspection is completed. Check these labels to be sure they are current.

## National Patient Safety Goals

The 2020 National Patient Safety Goals are listed below. You can also [click here](#) to view online. Please note that the numbering of goals varies with year.

**2020 Hospital National Patient Safety Goals**

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

<b>Identify patients correctly</b> NPBG.01.01.01	Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
<b>Improve staff communication</b> NPBG.02.03.01	Get important test results to the right staff person on time.
<b>Use medicines safely</b> NPBG.03.04.01 NPBG.03.05.01 NPBG.03.06.01	Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up. Take extra care with patients who take medicines to thin their blood. Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
<b>Use alarms safely</b> NPBG.06.01.01	Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
<b>Prevent infection</b> NPBG.07.01.01	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
<b>Identify patient safety risks</b> NPBG.15.01.01	Reduce the risk for suicide.
<b>Prevent mistakes in surgery</b> UP.01.01.01 UP.01.02.01 UP.01.03.01	Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body. Mark the correct place on the patient's body where the surgery is to be done. Pause before the surgery to make sure that a mistake is not being made.

The Joint Commission Accreditation Hospital

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at [www.jointcommission.org](http://www.jointcommission.org).

## Preparing for Emergencies

[Codes, Security Alerts, and Weather](#) (click title  to review Emergency Preparedness page)

Emergency Preparedness Procedures have been developed to assist the staff of Cincinnati Children's to provide care for our patients in the event of any internal/external emergency. The Emergency Preparedness Procedures are found in the yellow binders located in a prominent location in each department. Please take a minute to find where it is located in the department you have been assigned to.

Cincinnati Children's is committed to participation in community-wide cooperative plans for coping with major or minor disasters of all types in the Greater Cincinnati area. Cincinnati Children's, while primarily committed to the care of infants and children, acknowledges a community responsibility that includes preparedness for the care of mass casualties of all ages at any time. The hospital Emergency Plan outlines the role of all staff members and employees during a crisis situation. The Emergency Plan is rehearsed twice a year. Student participation during a drill or an actual disaster would be directed by the department to which they are assigned.

All hospital personnel have a responsibility to be thoroughly familiar with the Emergency Preparedness Procedures and to be prepared for action. A color code system has been developed for easy identification of each type of emergency situation. The color codes for Cincinnati Children's are as follows:

**Code Blue:** Cardiac Arrest/ Medical Emergency- activate the Code Team at **636-8888**

If you discover someone has suffered a cardiac or respiratory arrest (they are unconscious and do not appear to be breathing), you should do the following:

- Note the time
- Summon help while remaining with the person
- Send someone to call 6-8888. If alone call 6-8888 to notify the code team about the emergency and the location –department, floor number, or the exact location
- Begin CPR and continue until help arrives and takes over

### **Medical Response Team (MRT) – Call @ 2-9195**

The Medical Response Team was developed to reduce the number of cardiopulmonary arrests that occur outside the critical care areas of the hospital. The initial goal was to reduce this number by 50% within the first month. Ultimately, the goal would be to eliminate all codes outside the critical care areas. The team should be called to provide an additional assessment tool for patients who are showing any signs of clinical deterioration BEFORE the patient actually suffers a cardiac or respiratory arrest. Allow 15 minutes for the team to arrive at the bedside for the consult.

### **Automatic External Defibrillators (AED)**

Cincinnati Children's has placed AEDs in prominent locations, such as:

- The cafeteria at the base hospital
- Security patrol cars
- All outpatient satellites
- Vernon Place office building

**Code Red:** Call Protective Services @ **6-4204**. An announcement that indicates a possible fire or smoke condition exists. This announcement requires IMMEDIATE ACTION following the RACE plan.

**Please familiarize yourself with the unit's evacuation plan.**

- ✓ **R** - Rescue all persons from the smoke and fire area.
- ✓ **A** – Alarm/Activate the nearest fire alarm pull station
- ✓ **C** - Contain the fire or smoke by closing doors and windows and clear the hallways of equipment
- ✓ **E** - Evacuate if fire or smoke is present.

**Code Green:** All Clear will be announced overhead; indicates that the emergency event is now over. Return to normal.

### Tornado Warning/Severe Weather

### Earthquake/Explosion

### Hazardous Material Spill

### Person with a Weapon/Hostage Situation

### Violent/Combative Patient/Visitor

### Bomb Threat/Suspicious Package

**System Failure/Loss of Utilities** Call Plant Engineering @ 6-4552

### Loss of Electrical Power

Cincinnati Children's has three sources of AC energy that provide power to the clinical areas. Those sources are as follows: CGE electricity, CGE power with generator back-up (hospital emergency power), and CGE power with Uninterruptible Power System (UPS) back-up.

When Cincinnati Children's experiences a loss of electrical power, the emergency generator provides power within 7-10 seconds to areas that are considered to be high need, such as patient care areas. The generator-supplied electrical outlets are identifiable by red receptacles and red faceplates. These outlets should be used for any equipment that is critical to patient care, such as monitors and battery backed pumps.

The most critical type AC power that is available at Cincinnati Children's is the UPS, which provides AC power service during the 7-10 seconds it takes the generator to completely power-up the hospital in the event of a power failure. The UPS has been installed in areas that routinely have life-support patient care equipment. The UPS receptacles can be distinguished from the generator-power receptacles by their black faceplates on the red receptacles. The UPS faceplates are labeled with a set of numbers such as 4EUPS1/19 (floor, wing, UPS, and the receptacle number).

All patient-care equipment such as ventilators, IV pumps, etc. should be plugged into the **RED** electrical outlets. Red receptacles maintain electrical power even during outages.

### **Loss of Oxygen**

Call 6-8888. Give the switchboard operator your name and unit. The on-site designated respiratory therapist will report to the scene and determine the appropriate measures to be taken.

### **Loss of Vacuum**

Call Plant Engineering at 6-4552. Secure portable suction from respiratory care and other units until the suction returns.

### **Loss of Water Supply**

Call Plant Engineering at 6-4552. During scheduled cut-offs, drinking-water will be provided by the Dietary Department. During unplanned events, bottled sterile water is the only water available. Disposable cleaning towelettes for hand washing are available from Materials Management.

# Infection Control Measures

**\*\* Read, print, and sign the “Faculty Attestation Form” or “Student Attestation Form” for Infection Control procedures related to COVID-19. Return it to your Clinical Instructor/Julie Moody, prior to your first shift at Cincinnati Children’s.**

## Medical Asepsis

Protect your patients and yourself! Practice medical asepsis for patient care procedures and maintain supplies in a clean and safe environment. Rotate supplies to prevent them from becoming outdated. Handle contaminated equipment and instruments with care. Remove any visible gross soiling from reusable medical equipment before transporting the items from the patient's bedside or treatment room to the soiled utility room. Carefully discard used sharps into puncture resistant containers. It's important to maintain clean work areas at all times to ensure a safe and clean patient care environment.

## Standard Precautions

Standard Precautions consist of a system of barrier precautions designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the healthcare setting. These precautions are the “standard of care” to be automatically implemented by ALL healthcare workers for contact with blood, body fluids, secretions, excretions, non-intact skin, and mucous membranes of ALL patients and for EACH patient contact, regardless of the patient's diagnosis. It is the responsibility of each individual student to follow **STANDARD PRECAUTIONS** based on the degree of anticipated exposure to body substances. **STANDARD PRECAUTIONS** procedures include hand hygiene, personal protective equipment, disposable single-use medical exam gloves, linen and laundry management, sharps safety, blood borne pathogen post-exposure management and waste management for all patients and gowns, masks, eye protection and face shields as warranted.

### Hand Hygiene – Hand Washing and Hand Antisepsis

**Hand washing is the single most important control measure to prevent the spread of infectious agents from one person to another.**

1. Hand Washing Procedure: Wet hands first with warm water; apply an adequate amount of soap to the palm of one hand and rub hands together for a **minimum of 15 seconds**, covering all surfaces of hands, fingers and areas around nails and between fingers. Rinse well with running water and dry thoroughly with a paper towel. Using a paper towel to turn off the faucet is preferable.
2. Procedure for Hand Antisepsis: Apply alcohol-based hand rub in sufficient quantity to cover all surfaces of hands, fingers and areas around nails and between fingers; allow the agent to dry, do not rinse off. Alcohol-impregnated antimicrobial hand wipes may also be used in areas/situations where sinks and hand hygiene dispensers are not available (e.g., during patient transport).
3. Hand washing with soap and water must occur as soon as possible after touching blood, body fluids, secretions, excretions and visibly contaminated equipment/surfaces, whether or not gloves are worn.
4. Either hand washing or hand antisepsis must be accomplished after visibly clean gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients, personnel or environment.

5. Either hand washing or hand antiseptics must be accomplished between tasks or procedures on the same patient to prevent cross-contamination between different body sites.
6. Minor lacerations or breaks in skin on hands should be covered with a bandage in case a glove leaks or tears. Students with large lacerations or breaks in skin that cannot be safely covered should be evaluated by their instructor to determine if they should be excluded from direct contact with patients or from managing patient specimens.

### **Personal Protective Equipment (PPE)**

1. PPE (i.e., disposable gloves, fluid-resistant gowns, lab coats, isolation and resuscitation masks and disposable and reusable protective eyewear and face shields) are intended to protect healthcare workers from exposures to infectious hazards.
2. After wearing, PPE must be carefully removed (i.e., to avoid contamination of skin or clothing) before leaving the work area and discarded in the designated container for either disposal or laundering. Disposal of PPE should occur at the site of use. In general, this will be prior to leaving the patient's room. Used PPE should be discarded into general trash, unless moderately/grossly soiled with blood or body fluids.
3. The PPE worn must be appropriate for the task or procedure being accomplished. Students should wear as much or as little PPE as necessary to prevent blood, body fluids, secretions and excretions **except sweat**, from direct contact with skin, mucous membranes and clothing.

### **Disposable, Single-Use Medical Exam Gloves**

1. Gloves must be worn when contact with blood or other potentially infectious materials, mucous membranes; non-intact skin, contaminated surfaces or medical devices can be reasonably anticipated. Gloves must also be worn to perform venipuncture, other vascular access procedures and as required for the practice of medical asepsis.
2. Remove and discard gloves during patient care between tasks and procedures on the same patient and when moving from a contaminated body site to a clean body site. Replace torn, punctured or otherwise damaged gloves as soon as patient safety permits. Do not wash gloves for use on different patients.
3. Gloves should NOT be worn:
  - a. for the care of more than one patient
  - b. away from the bedside or lab bench
  - c. at the nursing station
  - d. to handle charts, clean linen, clean patient equipment or patient care supplies
  - e. in hallways or elevators, unless providing patient care in transit
4. Sterile gloves should be worn when aseptic technique is required.

### **Gowns**

1. Gowns must be worn to prevent contamination of clothing and protect the skin of healthcare workers from blood and body fluid exposures during patient care procedures that are likely to soil clothing. Gowns are worn for single-patient use and should be removed and discarded on leaving the patient's room.

### **Masks, Eye Protection (Goggles or Glasses with Side Shields) and Face Shields**

1. Masks, eye protection or face shields must be worn to protect mucous membranes of the eyes, nose and mouth during either procedures or patient care activities that are expected to generate splashes or

sprays of blood, body fluids, secretions or excretions (e.g., suctioning, trauma care, surgery, intubation, emptying bedpans/suction canisters into hopper/toilet).

Masks must also be worn when providing care to coughing patients with suspected infectious etiology.

2. Masks are to be worn for single patient use and must be removed and discarded upon leaving the patient/procedure room.
3. Reusable eyewear and face shields should be inspected for soiling after each use. If visibly soiled with blood or body fluids, they must be washed with soap and water, rinsed and then disinfected by using a germicidal agent (e.g. Sani-Cloth Plus®, 1:10 bleach solution).

### **Other Medical Equipment:**

Stethoscopes, otoscopes, reflex hammers and similar items should be cleaned with alcohol wipes or Sani Cloth Plus®, between patients. Single-use items (e.g. thermometers, blood pressure cuffs) should be used when possible; items labeled as “single-use” must be properly discarded and not reprocessed for reuse. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods for resuscitation.

## **Linen and Laundry Management**

All dirty linen is placed in the designated cloth laundry bag. All linen is rendered non-infectious by the laundry process. Therefore, soiled linen should never be placed in a red plastic bag, even when soiled with blood or other potentially infectious materials.

If a student’s clothing becomes soiled with blood or other potentially infectious materials associated with the transmission of blood borne pathogens, the Linen Management policy should be followed as outlined in the Infection Control Resource Manual, policy number IC-1.5. Health care clothing that becomes soiled with blood or body fluids capable of transmitting a blood borne pathogen (e.g., HIV, HBV, or HCV) must be rendered non-infectious by Cincinnati Children’s. The student **should not take the soiled clothing home until this has been accomplished**. The following procedure should be followed:

- **Call Distribution at 6-8873**, and tell the dispatcher that personal clothing has become soiled.
- Carefully remove the soiled garment(s) to limit further exposure to skin and mucous membranes
- Place soiled clothing in the appropriately labeled laundry bag and return to Distribution for cleaning (Clothing will be available for return to owner within 72 hours).
- If alternate clothing is required (e.g., scrub top or pants), these items may also be requested from Distribution
- The student is responsible for returning borrowed scrubs to Environmental Services.
- Cincinnati Children’s is not responsible for damage to soiled clothing due to the required cleaning procedures.
- Clothing soiled with body fluids not associated with the transmission of bloodborne pathogens (e.g., feces, urine, tears, or vomitus) are the student’s responsibility to launder.

## Sharps Safety

Caution should be taken to prevent sharps injuries when handling needles, scalpels, and other sharp instruments or devices by promptly disposing them into designated sharps containers.

1. Sharps containers should be sealed, discarded, and replaced when one-half to two-thirds filled.
2. Whenever possible, select a safety-engineered needle or other sharp device to assist in the prevention of sharps injuries.
3. Never recap used needles, or use any other technique that involves directing the point of a needle or sharp toward any part of the body. If recapping is clinically necessary, use a one-handed scoop technique or a mechanical device for holding the needle sheath.
4. Do not remove used needles from disposable syringes by hand. Do not bend, break or otherwise manipulate used needles by hand.
5. Work safely and don't stick yourself or your co-workers.
6. Don't grab for a falling sharp; **Let sharps fall.**

## Food and Beverages in the Workplace

Unsafe work practices can lead to contamination of food and beverages and potentially expose health care workers to all types of pathogens. Protect yourself by following the required work practices concerning the management of food and beverages.

- Store food and beverages in department specific approved areas. Do not store in areas where blood or other potentially infectious materials may be present, such as refrigerators/freezers, cabinets, countertops, or shelves.
- Staff food must be stored in a separate refrigerator from patient food. Food may not be stored in the same refrigerator as pharmaceuticals.
- Food and beverages **may not** be eaten at the nurse's station, any area where patient care is provided and any place where laboratory specimens are present.
- Generally, food and beverages may be consumed in conference rooms, kitchens, staff lounges, and the cafeteria. Every department has a designated area for storing and consuming food and beverages. Know your department's policy and follow it!
- **NEVER** apply cosmetics or lip balm or handle contact lenses in patient care areas or laboratory settings.

## Work Restrictions due to Illness

Maintain good personal health and hygiene and **don't come to work if you are sick!** Students experiencing an acute infectious process (e.g., febrile illness, acute respiratory infection, gastroenteritis, weeping dermatitis) must be restricted from clinical practice until the infectious process is resolved.

**Herpes Simplex Virus (HSV) Infections:** Students with evidence of active HSV infections (i.e. cold sores, fever blisters, herpetic Whitlow) must notify your instructor or Cincinnati Children's preceptor and the department director of the presence of active lesions. Students may not be assigned to the care of any high-risk patient until the lesion(s) is dry and crusted.

Examples of patients at high-risk for serious complications should transmission occur include:

- patients less than 6 months of age
- recipients of solid organ and bone marrow transplants
- patients receiving cancer chemotherapy and/or radiation therapy
- patients receiving high dose steroids
- patients with widespread skin disorders, such as burns or scalded skin syndrome

Students with active lesions of the face (e.g. cold sores, fever blisters) must strictly observe hand hygiene procedures and must wear a mask to cover the lesions when working within 3 feet of the patient.

Students and instructors with herpetic Whitlow (i.e., painful HSV infection of the finger) are prohibited from patient contact until the lesions are crusted and dry.

## Transmission-Based Isolation Precautions

Patients with confirmed or suspected infectious or communicable diseases or specific significant pathogens must be managed in **transmission-based isolation precautions**, in addition to the practice of Standard Precautions. Also, severely immunosuppressed patients are managed in **Protective Isolation Precautions**, which vary based upon the degree of immunosuppression. Listed below is a brief summary of the types of Transmission-Based Isolation Precautions practiced at Cincinnati Children's:

- **Standard Precautions:** Must clean hands when entering and exiting a room. Standard precaution does not mean no PPE is required. Gowns, masks, face shields and gloves are used to protect you and the patients you provide care. **Be Smart - Be Prepared.**
- **Airborne Precautions:** Used for diseases spread by the airborne route (e.g., measles and varicella zoster virus infections, such as chicken pox or disseminated shingles in an immunosuppressed patient; requires negative pressure room).
- **N-95 Airborne Precautions:** Required for patients with confirmed or suspected active tuberculosis disease; requires negative pressure room and an N-95 mask. Students are NOT permitted entry to these rooms, as students are not fit-tested for the special N-95 masks. (Tuberculosis and Measles). Students and instructors are not to care for patients with known or suspected infectious tuberculosis due to the impracticality of providing the mandated employee respiratory protection program to students.
- **Droplet Precautions:** Used to contain organisms that are spread by large respiratory droplets, such as meningitis, certain types of pneumonia, toxic shock and German measles or rubella. Mask and eye protection is required.
- **Contact Precautions:** Used to contain infections and pathogens that re-spread by direct contact with the patient or with contaminated surfaces and equipment in the patient's room. Examples include congenital syphilis, bacteria colonizing draining wounds, congenital herpes simplex infections and agents causing gastroenteritis such as rotavirus and E. coli O157:H7. Commonly used for ORSA/MRSA colonization and draining wounds or abscesses.
- **Droplet and Contact Precautions:** For patients previously in Respiratory-Contact Precautions, patients with Cystic Fibrosis (CF), Respiratory Syncytial /virus (RSV). Bronchiolitis, unknown respiratory infection (See Policy IC-4.2 and IC-4.4).

- **Strict Contact Precautions:** Specific to CINCINNATI CHILDREN'S, for patients with history of VRE and other MDROs. Needs private room.
- **Contact-Enteric Precautions:** Use for patients with gastrointestinal infections such as C.diff, Norovirus, Rotavirus. Wash or sanitize hands when entering room. Handwashing with soap and water is required when leaving room.
- **Protective Precautions:** Cincinnati Children's-specific, patient "protected" by hand washing, and avoidance of ill contacts.
- **Strict Protective Precautions:** Unique to Cincinnati Children's, CDBI patients, particularly SCIDS. Place in positive pressure room. You MUST NOT enter these rooms if you are sick!

## Post-Exposure Management

### **Blood and Infectious Body Fluids**

This is an all-too-common scenario among healthcare providers, including those at Cincinnati Children's – getting stuck with a contaminated needle or a sharps device. The Center for Disease Control estimates that about 385,000 sharps-related injuries occur each year among hospital-based healthcare workers. While a needle stick or puncture is the most common bloodborne pathogen exposure, bites, scratches, and splashes of blood or other potentially infectious materials also pose risk for infection.

#### **Report an exposure to 803-SAFE if:**

- Your skin is broken when bitten, and the patient has blood in their mouth from surgery to their mouth, biting the inside of their lips or cheek, etc., prior to the bite.
- Your skin is broken when scratched and blood was visible under the nails of the patient prior to the scratch.
- A splash of blood or other potentially infectious material comes in contact with broken skin or a mucous membrane such as the eyelid, nostril, lips, mouth or ear. Potentially infectious fluids include saliva in dental procedures, fluids containing blood, amniotic, semen, vaginal secretions, etc.
- You are punctured or cut by a sharps device (syringe, suturing scalpel, other medical device, etc.) clean or contaminated with blood or other potentially infectious material.

Once reported to 803-SAFE, the call handler will determine if an exposure has occurred. If the caller is at potential risk, a consult with an infectious disease consultant will be advised and scheduled by the call handler. The infectious disease consultant will then determine if there is a need for treatment and order the prescription to prevent infection by the pathogen and the development of disease.

Whether you're experienced or a novice, bloodborne pathogens don't discriminate. Safe use of needles and sharps and wearing personal protective equipment are the only guarantee to avoid saying, "I didn't think it would happen to me."

### **Other Communicable Diseases**

Students who sustain a significant exposure to a communicable disease in the course of their student role at Cincinnati Children's should notify Infection Control extension 6-8492 for evaluation and management:

# Environment of Care

## General Trash

**General trash** includes all trash generated in the care of patients that is not more than lightly soiled with blood or body fluids that could transmit a bloodborne pathogen.

The following items are to be placed in general trash:

- Disposable patient care items that are not soiled or are only lightly soiled with blood or other potentially infectious materials (e.g., gloves, band aids, diapers, Chux).
- All waste from the rooms of patients in protective isolation.
- Routine paper waste (e.g., paper towels, newspapers, food and drink containers, wrappers for sterile items).
- Diapers and feminine hygiene products.
- IV tubing, IV fluid containers, catheters and drainage bags, if they are not bloody and don't contain any medications.
- Disposable pillows.

## Infectious Waste

Infectious waste is defined as waste that if improperly managed is capable of transmitting a bloodborne pathogen or a communicable disease for which a patient has been placed in isolation precautions. The definition of what is discarded as infectious waste is regulated by the Ohio EPA at Cincinnati Children's. The following is a list of infectious waste as defined in the Infection Control Resource Manual, Policy IC-1.3:

- Sharps waste includes: all needles, all syringes, with or without a needle attached, regardless of the degree of contamination; items that resemble syringes, such as razor blades, lancets, knife blades and any other sharp item that is intended to be discarded and likely to cause personal injury.
- Disposable items that are moderately to grossly soiled with blood or body fluids associated with transmitting bloodborne pathogens.
- Disposable items soiled with excretions or secretions capable of transmitting the infectious disease from patients that have been placed in Transmission-Based Isolation Precautions.
- Infectious medical or "red-bag" waste must be discarded into "red bags" or other containers that are conspicuously labeled with the international biohazard symbol.

## Blood and Body Fluid Spills

Blood and body fluid spills should be cleaned promptly in keeping with the following guidelines:

- Spill kits are generally found in PPE cabinets.
- In the event of a minor chemical spill, notify Protective Services at 6-4204 of the location of the spill and the name of the spilled chemical.
- Attend to any persons who may have been contaminated.
- Notify persons in immediate area about the spill and evacuate all non-essential personnel from the spill area.

- If spilled material is flammable, turn off heat sources.
- Avoid breathing vapors of spilled material.
- Don the appropriate PPE provided and use a chemical spill kit to clean up the spill. Consult the Safety Data Sheet (SDS), if necessary, before attempting spill clean-up.
- Contact Occupational Safety and Environmental Health for waste disposal.
- Call Employee Health if you have participated in a chemical spill clean-up.

Environmental Services personnel are responsible for collecting infectious waste from areas generating the waste, transporting infectious waste to the restricted storage area for collection by the licensed medical waste vendor, and coordinating the record keeping of the associated disposal manifests as required by federal, state and local regulations.

## Hazardous Materials and Waste

Hazard communication is the "Right to Know" about the hazards of materials at Cincinnati Children's. Cincinnati Children's Hazard Communication Program consists of four parts:

1. A written Hazard Communication Program
2. An in-house secondary container labeling system
3. Material Safety Data Sheets
4. Training

Each part of the program provides important information about the hazards of materials located at Cincinnati Children's.

Cincinnati Children's written Hazard Communication Program is located in the Safety Policy Manual. The Safety Policy Manual is located on CenterLink. The Health and Safety Department is available for any questions by calling 6-8179.

All containers of hazardous substances must be labeled with their identity and hazard warnings including target organs. A hazardous substance is defined by the OSHA standard as: "any substance which poses a physical or health hazard." Report any containers that do not have identity and/or hazard warnings on them to your supervisor immediately! Unlabeled containers can be dangerous.

The Safety Data Sheet (SDS) provides detailed information about the hazards of materials. SDSs are available on CenterLink. A master file of all SDSs is located in the Health and Safety Department and can be accessed by dialing extension 6-8179. Protective Services should also be contacted, at extension 6-4204, in the event of a spill of a hazardous substance.

Hazardous materials must always be handled and disposed of in a safe manner. Never use a material without knowledge of its hazards and appropriate protective measures. Information on the hazards of materials is provided in individual departments or can be obtained by contacting the Health and Safety Department at extension 6-8179. The Health and Safety Department is also responsible for the disposal of all hazardous material.

## Specialized Wastes

- **Radioactive Waste:** No special safeguards are needed when disposing of diapers or other human excreta following a scan done at Cincinnati Children's using radioisotopes. For disposal of all other radioactive waste, please refer to the Radiation Safety Manual located in the appropriate departments and in Protective Services.
- **Chemical Waste:** Please refer to the Cincinnati Children's Hazardous Waste Management Plan: Chemical Waste.
- **Cytotoxic Waste:** Chemotherapy precautions are needed during patient care until 48 hours after the last dose of chemotherapy is given by the subcutaneous, intramuscular, intrathecal or intravenous routes. Precautions are not needed for chemotherapy administered orally. Gloves are needed when handling body fluids or soiled linens. Soiled gloves, emesis basins, urinals, bedpans and diapers, as well as used tubing and supplies, are placed in the designated chemotherapy disposal containers. Please refer to the Pharmacy and Therapeutics Policy IV-117 for specifics and questions.

## Radiation Safety for Radiation Generating Equipment (RGE)

The Cincinnati Children's Department of Radiology QA Committee for Radiation Producing Devices oversees the use of Radiation Generating Equipment (RGE) at Cincinnati Children's. RGE is any "equipment that, when energized, produces radiation." RGE are used in several Cincinnati Children's locations: diagnostic x-ray and fluoroscopy machines are used in Radiology; portable x-ray and fluoroscopy units are used in the Operating Room and Critical Care areas – portable x-ray machines may also be used in any patient room; dental x-ray machines are used in the Dental Clinic and the Operating Room. In addition, x-ray equipment is used in some research locations.

Anyone who cares for patients in a clinical environment or works with or near radiation generating equipment in a non-clinical environment has the potential for occupational exposure to radiation. For this reason, an understanding of basic radiation protection principles is important for many medical center employees, students and visitors.

Warning signage is clearly posted in all areas in which RGE is used. Awareness and observance of warning signage is the first measure for avoiding unnecessary radiation exposure. For those who are exposed to radiation during their daily work, following the three basic principles of radiation protection can minimize exposure. These principles are **Time, Distance and Shielding**.

Although your presence may be required, you should leave the immediate area of the RGE or move to a shielded area whenever possible. Limiting the time of exposure and increasing the distance from the radiation source will significantly reduce radiation dose. If exposure time is reduced by 50%, dose is reduced by 50% and if distance from the source of radiation is doubled, exposure is decreased by 75%.

When radiation exposure is unavoidable, shielding devices such as lead aprons, thyroid shields and lead gloves should be used for radiation protection. These devices are readily available in areas where RGE are used. To maximize its effectiveness, it is important that protective apparel be worn properly. It must remain between the wearer and the sources of radiation exposure.

For additional information or questions concerning radiation protection, contact the Radiation Safety Office at the University of Cincinnati College of Medicine (513) 558-4100 or the Cincinnati Children's Hospital Department of Radiology at (513) 636-4251

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**\*\* After reading the Orientation Manual, complete the acknowledgement form on the last page of your Forms Checklist packet and return it to your Clinical Instructor/Julie Moody, prior to your first shift at Cincinnati Children's.**