



Affiliate

# **ORIENTATION MANUAL**

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## INTRODUCTION

Welcome to Cone Health, the Network for Exceptional Care. Many individuals and organizations that are not employed by Cone Health work closely with us as board members, vendors, independent contractors, students, medical professionals and specialists, volunteers and business partners (hereafter referred to as “affiliates”), which includes non-Cone Health employed individuals that provide care, treatment and services.

Cone Health is a multi-hospital system comprised of five hospitals, a skilled nursing facility, multiple physician practices, and a wide range of outpatient services.

Cone Health provides a full range of healthcare services to the people of Alamance, Caswell, Forsyth, Guilford, Randolph, Rockingham and surrounding counties.

Moses H. Cone Memorial Hospital was founded in 1911 through a trust established by Bertha Lindau Cone as a memorial to her late husband Moses H. Cone, a local textile magnate. Since opening its doors in 1953, Cone Health’s mission of community service remains the foundation for all endeavors. A broad array of care is available without regard to an individual’s ability to pay.

### 1988

Cone Health responded to the area’s need for women’s health care by forming Women’s Hospital following the acquisition of Greensboro Hospital from Humana Corporation.

### 1997

Dr. John Wesley Long founded Wesley Long Community Hospital in 1917. Cone Health merged with Wesley Long Community Hospital. The merger represented a gain for the community, as an expanded Cone Health further enhances its mission of community service.

### 1999

Cone Health expanded its behavioral health program through the acquisition of Behavioral Health Hospital. Additionally, forty-seven physicians, one psychologist and nearly 300 employees of LeBauer HealthCare joined Cone Health in 1999.

### 2001

Annie Penn Hospital, in Reidsville, NC, merged with Cone Health. The long-term care Penn Nursing Center opened in 2005 and is located adjacent to the hospital.

### 2005

Cone Health received Nursing Magnet accreditation status.

### 2013

Alamance Regional Medical Center in Burlington, NC, joined Cone Health.

Cone Health embraces a just culture, which creates an environment of open communication and encourages the reporting of mistakes and near misses. In our culture, employees feel safe in reporting and learning from errors, designing safe systems and appropriately holding staff accountable for behavior choices. Cone Health’s Brand Promise (We promise we are right here with you), Purpose (Because we exist to connect health care and well-being) and Vision (So that a tradition of health and well-being is woven into the fabric of our

communities) are important guides for you on any Cone Health campus. Customer satisfaction is of utmost importance at Cone Health. It is important to remember that first encounters make lasting impressions.

We want to be sure you feel safe and comfortable when providing services within our system. If you have further questions, please see your immediate supervisor, or the specific department director in the area you are providing services.

## JOB/ROLE Description

Affiliates providing care, treatment and services may only work in the job/role description approved through the onboarding process. In addition to performing the job/role description, all affiliates

are expected to follow Cone Health-specific expectations for how we care for our patients, each other, and our communities, and abide by regulatory requirements.

## ICARE COMMITMENTS to Care

**Our just culture supports our iCARE commitments in that we look for opportunities to improve our processes through reporting of errors and near misses. We are able to use the errors and near misses to educate staff to avoid the same mistakes in the future and create a supportive work environment.** At Cone Health, we are the leader in delivering integrated, innovative health care. Our values state that we are accountable for Caring for Our Patients, Caring for Each Other and Caring for Our Communities.

Cone Health supports the following iCARE Commitments to Care as a means to better serve our patients, our communities, and each other. All affiliates providing care, treatment, and services are expected to role model the iCARE commitments in daily interactions with patients, families and each other.

How can you practice iCARE?

### COMMUNICATION

- I will create and engage in conversations of possibility.
- I will be open to innovation and creativity.
- I will listen to understand.
- I will bring ideas for solutions and be open to alternative ideas.
- I will be open to constructive feedback.
- I will not engage or listen to negativity or gossip.
- I will be positive when speaking about Cone Health, the department I am working in, and my coworkers.
- I will be approachable.
- I will focus on behaviors, not the person, during conflict.

### ACCOUNTABILITY

- I will honor my word.
- I will do what I say when I say I will.
- I will “clean it up” when I can’t keep my word.
- I will honor my work agreement.
- I will be “on the court” instead of “in the stands.”
- I will follow up in a timely manner on commitments and requests.
- I will apologize when someone experiences less than excellent service.
- I will take responsibility for my actions, decisions and performance.
- I will protect patient safety (best practices: ex – hand hygiene).

### RESPECT

- I will assume the best of intentions and embrace differences.
- I will collaborate and seek other people’s input.
- I will demonstrate courtesy, compassion, and respect with my tone of voice and body language.
- I will speak positively about Cone Health – managing up coworkers, physicians, departments, patients and visitors.
- I will ask the person directly involved when I don’t know.
- I will include diverse skills, abilities, strengths, and backgrounds to create better outcomes.
- I will care for myself while also respecting others.

### EMPOWERMENT

- I will own it, solve it, and celebrate it!
- I will offer solutions when problems are identified.
- I will share my input for decisions.
- I will take charge and do the right thing at the right time.
- I will make decisions keeping a balance of service, quality, and cost in mind.
- I will demonstrate Cone Health values.
- I will seek opportunities to celebrate and have fun.
- I will recognize good work.

# iCARE

## Commitments to Care.

### *Communication*

**i** will create and engage in conversations of possibility.

### *Accountability*

**i** will honor my word.

### *Respect*

**i** will assume the best of intentions and embrace differences.

### *Empowerment*

**i** will own it, solve it, and celebrate it!



**CONE HEALTH®**

## PATIENT PRIVACY and CONFIDENTIALITY

### (Health Information Portability and Accountability Act, HIPAA)

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Cone Health has a moral and legal responsibility to protect the confidential information of patients and employees. In compliance with its accrediting agencies, state and federal regulations, Cone Health requires that all affiliates providing care, treatment and services must protect confidentiality. Failure to do so could result in loss of ability to provide services, care or treatment, one to 10 years' imprisonment, fines from \$100,000 to \$250,000, or all of the aforementioned as outlined by the Health Information Portability and Accountability Act (HIPAA). HIPAA requires that we keep Protected Health Information (PHI) secure (this includes oral, written, printed and electronic reports). All reports including electronic reports are **not** to leave the department. Patient names or other identifying information must be removed from papers prior to disposal (e.g., shredded, made unreadable with a heavy black marker or placed in assigned containers/locations). Sometimes PHI is communicated without intent while performing other normal and permitted activities in our roles and is thus called incidental disclosures. These include semi-private rooms and telephone conversations with other departments, and cannot be prevented using reasonable measures such as a lowered voice.

So how can you prevent violations? What do you do if there is a violation? Refer questions about a patient to the nurse. Don't review the medical record of patients if you are not involved in their care. Prevent public view of information by locking workstations and placing all patient information face down. If sending PHI via email put the word "Secure" in the subject line to ensure the information

is encrypted. Confirm fax numbers before sending a fax containing PHI. Avoid discussing patients in public areas such as the cafeteria and always be aware of who can hear you. Clearly just state, "I can't talk about it, it's private" or "we are required to protect the confidentiality of our patients". Never post information containing PHI on social media or through text messaging. To report violations or if you have any questions about patient privacy, follow the chain of command.

Unless a patient objects, we can share name and room number with anyone who comes to or calls Cone Health asking for the patient by name. The medical record should always be reviewed for restrictions prior to giving out any information including the fact that the patient is in our facility. If the patient has requested restrictions and you are asked if they are in our facility, simply say, "We have no information about such patient." Please talk with your preceptor, supervisor, or the patient's nurse if you have any questions about what information can and cannot be shared.

Violation of Cone Health policies regarding privacy and confidentiality or any other breach of confidentiality will result in immediate corrective action, up to and including termination as a Non-Cone Health Employed Individual providing care, treatment and services. You can report any concerns to the Compliance and Privacy Help Line **(855-809-3042)** or online at **[www.conehealth.ethicspoint.com](http://www.conehealth.ethicspoint.com)**. Both methods of communication can be anonymous if you choose and Cone Health has a policy of non-retaliation.

## COMPLIANCE and INTEGRITY PROGRAM

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It is the intent of Cone Health to maintain sound, ethical standards in all that we do. Policies and procedures in support of these standards are in place throughout Cone Health. Compliance and Integrity policies and guidelines are available on Cone Connects, under Tools and Resources or in the policy library. Non-Cone Health Employed Individuals providing care, treatment and services at Cone

Health are required to support those policies and guidelines. There is a Compliance and Privacy Help Line **(855-809-3042)** or you may report online at **[www.conehealth.ethicspoint.com](http://www.conehealth.ethicspoint.com)** if you have any concerns. Both methods of communication can be anonymous if you choose and Cone Health has a policy of non-retaliation.

## CODE of CONDUCT

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Each affiliate is expected to honor and abide by Cone Health's Code of Conduct and other Cone Health policies while working at any Cone Health facility or conducting business with or on behalf of Cone Health.

Cone Health's Code of Conduct, is an important resource for all affiliates. It covers:

- Cone Health's commitment to compliance and privacy
- Expectations for affiliates about compliance and privacy

The Cone Health Compliance and Privacy Program helps affiliates with:

- Workplace decisions about compliance and privacy through policies and guidance.
- Ways to identify and avoid potential compliance and privacy violations.

- Guidance on how to report or discuss a compliance or privacy concern.

You are required to read and abide by the Cone Health Code of Conduct. Violation of the Code of Conduct may be grounds for corrective action, up to and including separation of employment. If you become aware of an actual or potential violation of the Cone Health Code of Conduct, or any violation of law or illegal or unethical conduct, promptly report it using the appropriate Cone Health reporting process. Please review the Code of Conduct at <https://www.conehealth.com/about-us/compliance-and-integrity/>

## CONFLICT of INTEREST

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A conflict of interest is any relationship that could compromise an affiliate's ability to perform his or her responsibilities objectively and/or to act in the best interests of Cone Health.

The following examples would be considered conflicts of interest:

- Employment by a competitor or potential competitor while employed by Cone Health
- Direct or indirect ownership of or substantial interest in a company that is a competitor or a supplier of goods and services to Cone Health
- Acceptance of gifts, payments or services from those doing business or seeking to do business with Cone Health
- Serving as a director, officer, consultant or other key role with a company doing (or seeking to do) business with or competing with Cone Health

- Hiring or contracting with a family member or a friend to provide goods and/or services to Cone Health
- Any business or financial interest, or relationship you or a member of your family have that might appear to influence your ability to meet your obligations to Cone Health

All Cone Health affiliates have a duty to disclose actual or potential conflicts as a condition of affiliation. If you are aware of or see a potential conflict of interest, please call the Compliance & Privacy Helpline at **1-855-809-3042** or report online at **[www.conehealth.ethicspoint.com](http://www.conehealth.ethicspoint.com)**. Please review the Conflict of Interest policy at <https://www.conehealth.com/about-us/compliance-and-integrity/>

## FRAUD, WASTE and ABUSE

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*What is the difference between fraud, waste, and abuse?*

**Fraud:** Fraud requires the person to have the **goal (intent)** to get payment and the **knowledge** that his/her actions are wrong.

**Waste/abuse:** Waste/abuse may result in an improper payment, but **does not** require **intent** and **knowledge**. Waste and abuse involves carrying out actions or an overuse of services that results in unnecessary costs to government programs.

*What are potential consequences of fraud, waste, and abuse?*

Federal and state laws and regulations and Cone Health policies and procedures help prevent and detect potential fraud, waste, and abuse. In addition to fines and criminal penalties, fraud or noncompliance has consequences for Cone Health and affiliates, including:

- Loss of provider licensure.
- Exclusion from participation in federal health care programs.
- Damage to reputation.
- Possible jail time.

## IDENTIFYING and REPORTING False Claims

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A false claim is a fraudulent request for money. Two examples include billing Medicare for services a patient never received and upcoding procedures to obtain higher reimbursement.

- It is against the law for a health care provider to submit fraudulent or false claims for payment to programs that are funded by federal or state governments, such as Medicare and Medicaid.
- Under the Federal False Claims Act, individuals who knowingly submit false claims for payment by the U.S. government are subject to fines and penalties. North Carolina also has a False Claims Act.

- Cone Health affiliates are required to report known or suspected false claims immediately. Affiliates who report are protected from retribution/retaliation by Cone Health policy.
- A person (whistleblower) who suspects a false claim may file a lawsuit on behalf of the government and potentially receive a reward for bringing original information to the government's attention.

## FRAUD, WASTE and ABUSE CORRECTION

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Correction is important. Correction shows that Cone Health is following the laws and protects our ability to receive health care program payment.

Cone Health policies require that all issues of fraud, waste and abuse shall be corrected in a timely manner according to the following policies (available on Cone Connects):

- False Claims Act and Reporting Fraud, Waste and Abuse Concerns
- Internal Investigation and Self-Reporting

For additional information, please review at <https://www.conehealth.com/about-us/compliance-and-integrity/>.

## MEDICARE ADVANTAGE Special Needs Plans Model of Care Training and Compliance Program Guidelines Training

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Cone Health is required to provide compliance training developed by Centers for Medicare and Medicaid Services (CMS) due to our contracts with Medicare Advantage Organizations (MAO) as well as Accountable Care Organizations (ACO).

The CMS Medicare Advantage training addresses the following:

- The special needs plans model of care for delivering coordinated care and care management to special needs members; and

- The key elements of effective compliance programs, the mechanisms for reporting potential noncompliance or fraud, waste and abuse, and various compliance resources.

To review the above Medicare Advantage training go to Cone Health's Compliance and Integrity internet page: <https://www.conehealth.com/about-us/compliance-and-integrity/>

## Patient RIGHTS

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All patients at any of the Cone Health campuses and/or facilities have certain rights that are supported by all affiliates providing care, treatment or services. All affiliate's providing care, treatment or services are committed to meeting the patient's needs and delivering the highest quality of patient care. No patient is denied appropriate care based

on race, ethnicity, color, language, religion, age, sex, sexual orientation, gender identity or expression, physical or mental disability, socioeconomic status or sources of payment for care. For more information, please contact the Office of Patient Experience at **336-832-7090**.

## SAFETY/QUALITY Concerns

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Cone Health, The Joint Commission and the Division of Health Service Regulation (DHSR) are committed to patient safety and quality care. If you have a concern regarding safety or quality, notify the immediate supervisor or a higher-level leader in the area in which you are working.

If concerns continue, you have the right to directly contact:

### **The Joint Commission Office of Quality Monitoring**

The Joint Commission  
One Renaissance Boulevard  
Oak Branch Terrace, IL 60181  
Phone: 630-792-5800 or 800-994-6610  
[www.jointcommission.org/report\\_a\\_complaint.asp](http://www.jointcommission.org/report_a_complaint.asp)  
Email: [patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org)

### **North Carolina Division of Health Service Regulation**

Acute and Home Care Branch  
2711 Mail Service Center, Raleigh, NC 29699-2706  
Phone: 800-624-3004  
[www2.ncdhhs.gov/dhsr/ciu/filecomplaint.html](http://www2.ncdhhs.gov/dhsr/ciu/filecomplaint.html)

## RISK Management

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Any incidents that may have adverse consequences for patients, visitors and affiliates providing care, treatment and services should be reported immediately to the instructor, charge nurse or director of the area you are working in and followed-up with a completed report

in **Safety Zone Portal**. The Safety Zone Portal is an automated, reporting system for unexpected non-sentinel incidents and medication events. All reports entered in the Safety Zone Portal automatically go to the Risk Management Department.

## EMTALA – Emergency Medical Treatment and Labor Act

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If a patient arrives on hospital property seeking medical care, we are obligated to provide a screening exam.

A patient should never be directed to another hospital or offsite location without first being evaluated by a physician.

Cone Health and its affiliates cannot turn a patient away for any reason and should take the patient to the emergency department.

Do not delay examination or treatment in order to inquire about the patients' insurance or payment status.

## ABUSE and NEGLECT

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Cone Health is committed to appropriately recognizing, treating and reporting suspected incidents of abuse, neglect, exploitation, sexual assault, intimate partner violence and human trafficking in a manner that also protects the patient's rights.

Abuse is defined as intentionally causing pain, injury, or mental anguish.

Neglect is the failure to provide adequate materials, shelter, or food necessary for the health of a person.

Exploitation refers to the illegal or improper use of a child or disabled adult, or his or her resources for someone else's profit or advantage.

## National Patient SAFETY GOALS

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The purpose of the National Patient Safety Goals is to improve patient safety. Providing a culture of safety is a priority of Cone Health. Affiliates are required to support these safety goals. In the event of questions regarding the specific role you play in supporting these goals, talk with your supervisor in the area in which you are working.

The goals are as follows:

- Identify patients correctly
- Improve staff communication
- Use medicines safely
- Use alarms safety
- Prevent infection
- Identify patient risks
- Prevent mistakes in surgery

## CULTURAL DIVERSITY and INCLUSION

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Cone Health strives to provide an environment that supports cultural diversity.

### Knowledge About Others

Different groups have different ways of communicating, behaving, interpreting, and problem solving and this can impact their interactions with health care providers. We strive to adapt the way we work to fit the patient's cultural background in order to provide optimal care.

### Cone Health Network Groups

- Black and African American Health Employee Network Group (2013)
- Women Inspiring Women Employee Network Group (2014)

- Lesbian, Gay, Bisexual and Transgender (LGBT) Employee Network Group (2015)
- VetNet Employee Network Group (2015)
- Caregivers Employee Network Group (2016)
- Launch (2018)

### Cone Health Resources

Foreign Language and American Sign Language Interpretation are provided free of charge to patients.

For more information, please call the Office of Inclusion at 336-538-7521 (Burlington) and 336-832-0145 (Greensboro).

## POLICIES, PROCEDURES and Reference Manuals

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Policies and procedures are automated and readily accessible from any computer by accessing the Cone Connects Intranet homepage. It is the responsibility of each affiliate to know how to obtain policies and procedures as needed. Every affiliate providing care, treatment and services associated with Cone Health is expected to follow Cone Health policies and procedures. Your Cone Health supervisor can assist with the location of these documents.

### The following Cone Health policies and reference manuals are found on Cone Connects:

- Patient-related policies and reference manuals
- Nursing Policies and Procedures
- Operations-related policies
- Management Plans - Detailed operational and event plans for Administration, Emergency Management, Infection Prevention, and Safety Management Safety Manuals
- Employee-related policies

## EMERGENCY OPERATIONS PLAN (EOP)

Cone Health's Emergency Operation Plan (EOP) is the foundation for all-hazards Emergency Management Program (EMP) for Cone Health. This program shall be comprised of four basic elements:

1. An all-hazards risk assessment and emergency plan
2. Communications plan
3. Supporting policies and procedures
4. A training and exercise program

Our EOP outlines policies and procedures for preparing for, responding to, and recovering from possible hazards faced by the organization. Coordination of planning and response with other healthcare organizations, public health, and local emergency management will be included. The plan also addresses proper plan maintenance, communications, resource and asset management, patient care, continuity of operations, management of staff, evacuation, and contingency planning for utilities failure.

All response activities follow the National Incident Management System (NIMS) guidelines. In addition, the agency will follow the methodology of Hospital Incident Command System (HICS) organizational structure in response to incidents and in exercises. In the event of

a communitywide emergency, the agency's incident command structure will be integrated into and be consistent with the community command structure. Staff should receive HICS training appropriate to their level of response and assigned roles and responsibilities to ensure they are prepared to meet the needs of patients in an emergency.

The EOP is designed to guide planning and response to a variety of hazards that could threaten the environment of the Cone Health or the safety of patients, staff, and visitors, or adversely impact the ability of Cone Health to provide healthcare services to the community. The plan is also designed to meet state and federal planning requirements, though the ultimate responsibility for meeting those requirements rests with the enterprise. This plan covers healthcare, ambulatory and business occupancy sites.



## EMERGENCY ALERTS

Throughout Cone Health hospitals, emergency situations are communicated to staff, visitors and patients in plain language (no codes). Examples of the announcements are listed below. These announcements are made via overhead speakers, desktop computer screen messages and/or by direct communications to staff members via Cone Health's Employee Notification System.

### Facility Alerts

EVENT	RECOMMEND PLAIN LANGUAGE	AlertUs MESSAGE	SAMPLE SCRIPTING
Evacuation	Facility Alert + Evacuation + Descriptor + Location	Yes. Same as announcement	Overhead: Your attention please, Facility Alert, Immediate Evacuation, Unit 5 Central.
Fire/Smoke Alarm	Facility Alert + Fire/Smoke Alarm + Descriptor + Location	Yes. Same as announcement	Overhead: Your attention please, Facility Alert, Fire Alarm activation Unit 5 North.
Hazardous/Materials Spill	Facility Alert + Chemical Spill + Descriptor + Location	Yes. Same as announcement	Overhead: Your attention please, Facility Alert, Chemical Spill, 1st Floor Laboratory.
Mass Casualty	Facility Alert + Mass Casualty + Descriptor (may have levels) + Location	Yes. Same as announcement	Overhead: Your attention please, Facility Alert, External Mass Casualty Incident, Emergency Department.
Medical Decontamination	Facility Alert + Medical Decontamination + Descriptor (biological, chemical, radiological, or unknown) + Location	Yes. Same as announcement	Overhead: Your attention please, Facility Alert, Medical Decontamination event, Emergency Department. Decontamination Team please report to the Emergency Department.
Surge Capacity	Facility Alert + Surge Capacity + Descriptor (may have levels) + Location	Yes. Same as announcement	Overhead: Your attention please, Facility Alert, Internal Mass Casualty Incident, Emergency Department.
Utility/Technology Interruption	Facility Alert + Type of Service Interruption + Descriptor + Location	Yes. Same as announcement	Overhead: Your attention please, Facility Alert IT Network Downtime, Implement downtime procedures for (patient charting, VoIP phones, and paging systems)
Weather	Facility Alert + (Instruction) + Weather + Descriptor (National Weather Service Statement) + Location	Yes. Same as announcement	Overhead: Attention, Facility Alert Tornado Warning. Move away from windows to interior portions of the building. The National Weather Service has issued a Tornado Warning for the local area in effect until (time).

## Security Alerts

EVENT	RECOMMEND PLAIN LANGUAGE	NOTES	SAMPLE SCRIPTING
Missing Infant/Child <18 yrs.	Security Alert + Infant/Child Abduction + Descriptor (gender) + Last Seen Location	Yes. Same as announcement	Overhead Page: Security Alert Infant Abduction, male infant, last seen in room 322.
Decisionally Impaired Missing Person >18 yrs.	Security Alert + Missing Person + Descriptor (Age, gender) + Last Seen Location	Yes. Same as announcement	Overhead: Security Alert Missing Person 65 year old female wearing a hospital gown last seen 4th Floor West Wing.
Armed Intruder/Shooter/ Hostage Situation/ Threat of Violence	Security Alert + (Instruction) + Descriptor + (Type of Threat) + Location	Yes. Same as announcement (Radio Communications to Officers with additional details)	Overhead: Security Alert, active shooter, 1st floor atrium. Initiate lockdown of all units and shelter-in-place until further notice.
Bomb Threat/ Suspicious Package	Security Alert + (Type of Threat) + Descriptor + Location	Sent via email and phone notification to identified areas and responders with additional details	Security Alert, Bomb Threat, Search your area for suspicious packages or items and notify Security of any.
Emergency Lockdown	Security Alert + Controlled Access + Descriptor + Location	Yes. Same as announcement (Radio Communications to Officers with details as needed)	Overhead: Attention, Security Alert, Emergency Lockdown Emergency Department.

## Medical Alerts

EVENT	RECOMMEND PLAIN LANGUAGE	NOTES	SAMPLE SCRIPTING
Medical Emergency or Incident	Medical Alert + (Type of Emergency-Incident) + Descriptor + Location	Not Overhead paged. No Alertus Messages. Send via Emergency response Team, Pagers and phones based on campus procedures	

## IMPORTANT PHONE NUMBERS

	MOSES CONE HOSPITAL	WESLEY LONG HOSPITAL	WOMEN'S HOSPITAL	BEHAVIORAL HEALTH HOSPITAL	ANNIE PENN HOSPITAL	ALAMANCE REGIONAL MEDICAL CENTER
<b>Fire Disaster Code Blue</b>	336-832-4050	336-832-1666	336-832-6888	Dial 60 state 3 times the code name & location	336-951-4511	336-586-3333
<b>Code APGAR All Medical Emergencies</b>			336-832-6888		336-951-4824 -Nursery 336-951-4526-Peds	336-586-3333
<b>Suspected Infant Abduction</b>	336-832-4050	336-832-1850	336-832-6888		336-951-4511	336-586-3333
<b>Security</b>	336-832-7849	336-832-1850	336-832-4900	336-832-9744	336-951-4478	336-278-7008
<b>Main Operator</b>	336-832-7000	336-832-1000	336-832-6500	336-832-9600	336-951-4000	336-538-7000

## EXPECTED AFFILIATE RESPONSE TO EMERGENCIES

Other than Facility Alert-Fire/Smoke Alarm and Security Alert-Missing Infant/Child<18yrs old, all affiliates providing care, treatment and services will report to the department where you are providing services when an emergency alert is announced. For Facility Alert-Fire/Smoke Alarm, affiliates providing care, treatment and services are expected to use the acronym RACE

and PASS when responding. For Security Alert-Missing Infant/Child<18yrs old, all affiliates providing care, treatment and services are expected to observe hallways and stairways for suspicious individuals and report any findings or information immediately to the nearest staff member.

## FIRE RESPONSE

### RACE -Steps to responding to a fire

**R**escue or remove everyone from immediate danger.

**A**ctivate the alarm system by pulling the nearest fire alarm pull station to activate visual and audible alarms. Dial appropriate campus number and report exact location of fire.

**C**ontain or confine the fire by closing windows and doors to prevent the spread of smoke and flames and by using available resources.

**E**xtinguish the fire, if possible. If not, evacuate the area upon orders.

### PASS - Steps to using a fire extinguisher

**P**ull the pin.

**A**im at the base of the fire.

**S**queeze the trigger.

**S**weep back and forth.

## CHAIN of COMMAND

Questions or concerns regarding a patient's plan of care, medical treatment, ethical issues, or physicians are to be reported to leadership. Every effort should be

made to resolve problems and concerns immediately. Those concerns with unsuccessful resolutions will be channeled through the chain of command.

## INFORMATION TECHNOLOGY (IT) SECURITY BASICS

- Use a strong password like a passphrase.
- Do not reuse passwords.
- Never give your password to anyone, including your manager or Cone Health IT.
- If anyone asks for your password, immediately notify IT Security – IT.Security@conehealth.com, or call 336-832-7242.
- Lock your station before you leave it.
- Phishing is when hackers use a sense of urgency or loss of service/connection to obtain information:
  - If emails are not from someone you know, beware.
  - If you are not expecting the email, beware.
  - If you are asked to click on links from someone you are not expecting an email from, beware.
  - If the tone and content of the email does not align with the sender, beware.
  - If concerns, contact IT.Security@conehealth.com, or call 336-832-7242.
  - Limit use of internet to business activities.
  - Never log in or submit sensitive information to non-https websites.
  - Never send protected health information via SMS texting or I-messaging.

## HITRUST Policies and Procedures

Cone Health Information and Technology Services is committed to the security of ITS assets, personnel, and infrastructure. This requires policies and procedures that enable Cone Health to meet the high standards of HITRUST certification. [Select this link to view applicable policy statements and corresponding procedures.](#)

Below are 8 policy statements and corresponding procedures Cone Health determined important to highlight.

- **Breach Notification:** This policy defines a breach pursuant to the HIPAA Privacy Rule and provides guidance pertaining to the steps team members and affiliates of Cone Health should take in the event they become aware of a breach.
- **Contingency Plan Management:** Cone Health will continue to provide ongoing services during natural, environmental, man-made and technology related disruptions
- **Data Classification and Handling:** Cone Health will identify and assign a unique classification and associated handling instructions to each data/information type the organization owns or is entrusted with.
- **Disposal of Covered Information:** Cone Health will dispose of hard copy covered information in a secure and accountable manner.
- **Facility and Environmental Security Management:** Cone Health will implement and maintain physical security over areas requiring strict access control for the purpose of safety, security, and privacy requirements.
- **Information Security Training and Awareness:** Cone Health will maintain a formal information security training and awareness program.
- **Information Technology Acceptable Use:** Cone Health's employees/contractors will perform their job responsibilities in an ethical, professional, and secure manner that does not jeopardize the confidentiality, integrity, and availability of covered information; put Cone Health workforce, customers, or patients at risk of harm; or bring about reputation or legal damage to the organization.
- **Personal Device Use:** Cone Health will ensure personally owned devices used for work-related purposes are subject to the same security requirements and organizationally owned assets.

## HAZARD COMMUNICATION Program

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In compliance with the Occupational Safety and Health Administration's (OSHA) "Right to Know Law," Hazardous Material information is now obtained by calling the 24-hrs/day/7days/week-phone service at **1-888-362-7416**. This phone number is found on all the phones in Cone Health. Safety Data Sheets (SDS)

are also located on Cone Connects. These sheets provide valuable information about any chemicals you may be working with while at Cone Health. It is your responsibility to familiarize yourself with the location and types of personal protective equipment in your work areas

## ENVIRONMENT of Care

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Environment of Care policies are found on the Cone Connects Policies and Procedures page. These plans include safety management, security management, hazardous materials/waste management, emergency

preparedness, life safety, equipment safety and utility management. Know the plan for the department in which you are providing services.

## SECURITY

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Security officers are available to provide evening escort and are responsible for all lost and found items. Keypads are placed on some entrances and exits to patient care

areas. Directors of the area you are working in will provide access on an as-needed basis.

## PARKING

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**Moses H. Cone Hospital** - Parking is available at the corner of Elm and Northwood. The visitor and employee parking decks are not available parking options for affiliates.

**Wesley Long Hospital** - Affiliates can park in the employee parking lot located off North Elam Ave.

**Women's Hospital** - Park in the Women's Education Center Parking lot. Enter at Lendew Avenue from Green Valley Road. Park in the lower area of the parking lot. Do not park in spaces marked for physicians, visitors or volunteers.

**Behavioral Health Hospital** - Park in the lower lots. Do not park in spaces designated for visitors, physicians, handicapped or for outpatients.

**Annie Penn Hospital** - Park in the employee parking lot or any space in the upper parking lot marked in blue. The parking lot located on Maple Avenue is for overflow parking with the spaces being those most distant to Reidsville Family Medicine.

**Alamance Regional Medical Center** - Park in any of the designated employee parking lots.

## FOOD SERVICE, GIFT SHOP and LIBRARY SERVICES

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### Food Service

Cafeterias and vending machine areas are located in each hospital. Serving line times vary. Hours are posted outside the cafeteria doors.

### Gift Shop

Volunteers manage the gift shops on each campus.

- **Annie Penn Hospital** - First floor, adjacent to the main lobby

- **Moses H. Cone Hospital** - First floor, main lobby
- **Wesley Long Hospital** - First floor main lobby, west entrance
- **Women's Hospital** - First floor, main lobby
- **Alamance Regional Medical Center** - Medical Mall

### Library Services

Medical libraries are located on all hospital campuses with the exception of Annie Penn Hospital. Hours of service are posted.

## TOBACCO-FREE System

Cone Health is a tobacco-free system and committed to providing a safe, clean and healthy environment for our patients, visitors and staff. Tobacco use is not permitted in the interior and exterior of any Cone Health property. This includes:

- Vehicles parked on system property.
- Parking decks and lots.
- Sidewalks on or adjacent to system property.
- Balconies and picnic areas.

## PASTORAL Care

Cone Health has chaplains available to patients and families 24 hours a day. A chaplain may be consulted by paging the **319-2795** beeper.

## PERSONAL COMMUNICATION and BELONGINGS

Cell phones should be turned off while providing services. You are strongly advised to lock your valuables out of sight in your car or leave valuables at home.

## COMPUTER ACCESS for Affiliates

Computer access will be granted on an as-needed basis. The responsible director of the area you are working in will authorize the access and assist with setting up training if needed.

## Workplace VIOLENCE

Cone Health has a zero tolerance for violence in the workplace (violence, threatening or harassing behavior). Weapons (knives, guns, etc.) are not allowed. Any person who threatens to engage or engages in behavior

intended to cause bodily harm or property damage will be removed from Cone Health property and will remain off Cone Health premises pending the outcome of an investigation.

# INFECTION PREVENTION

## Healthcare Associated Infection/Events and Prevention

10 out of 100 hospitalized patients get a health care associated infection (World Health Organization).

441,000 patients contract one of five hospital acquired infections each year, and about 50% of these infections are avoidable.

Two of the most effective infection prevention techniques include hand hygiene, cough etiquette, and respiratory hygiene. Others include safe handling of laundry, patients on precautions/safe transportation and handling of dirty patient equipment/devices.

## Tuberculosis Training (Symptoms and Precautions)

Tuberculosis symptoms include persistent cough, bloody sputum, weight loss and night sweats. If a patient displays these symptoms, place a surgical/isolation mask on the patient until you can remove him/her to a negative pressure room. For more details, refer to the Tuberculosis (TB) Management Plan.

## Hand Hygiene Policy

*For All Cone Health Personnel and Affiliates providing care, treatment and services.*

Hand antisepsis reduces the incidence of health care associated infections. It is the most important infection prevention tool available for minimizing the transmission of infectious agents.

Because hand hygiene is so critical to patient safety and care, all Cone Health personnel and affiliates providing care, treatment and services are expected to perform good hand hygiene when entering or exiting a patient's room. Even if the patient is not in their room, perform hand hygiene before and after contact with the patient's environment. Hand washing or hand antisepsis should be performed so the patient and visitors may directly observe the act. For those areas where hand hygiene stations are contraindicated at the patient's exact location, utilizing the closest station is acceptable (example, patient rooms at Behavioral Health Center and ED hallways designated for patient overflow).  
Note: Alcohol-based hand rub is the hand hygiene agent of choice for Cone Health, unless contraindicated.

## Requirements

Hand hygiene applies to all clinical personnel and personnel who interact with patients, have duties on

clinical units, work in food processing, or work with sterile product preparation.

## CDC Indicators for Handwashing and Hand Antisepsis

When hands are visibly dirty, contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with soap and water. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations described below. Alternatively, wash hands with soap and water.

- Decontaminate hands before having direct contact with patients.
- Decontaminate hands before donning sterile gloves when inserting a central intravascular catheter.
- Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters or other invasive devices that do not require a surgical procedure.
- Decontaminate hands after contact with a patient's intact skin (example: taking a pulse or blood pressure, lifting a patient).
- Decontaminate hands after contact with body fluids or excretions, mucous membranes, nonintact skin and wound dressings.
- Decontaminate hands if moving from a contaminated body site to a clean body site during patient care.
- Decontaminate hands after contact with inanimate objects (medical equipment and supplies) in the patient environment.
- Decontaminate hands after removing gloves.
- Before eating and after using a restroom, wash hands with soap and water.

## Hand Hygiene Technique

When decontaminating hands with an alcohol-based hand rub:

- Apply product to palm of one hand and rub hands together, covering all surfaces of the hands and fingers, until hands are dry.
- Follow the manufacturer's recommendations regarding the volume of product to use. To avoid a fire hazard, health care workers should avoid contact with all objects until their hands are completely dry.
- Alcohol-based hand rubs should not be used when hands are visibly soiled with blood or other organic materials or for hand cleansing when leaving a

patient's room with precautions. For these instances, the hands should be washed with soap and water as outlined below.

When washing hands with soap and water:

- First wet hands with warm water, and apply the manufacturer's recommended amount of product to the hands.
- Vigorously rub hands together for at least 15 seconds, covering all surfaces of the hands and fingers.
- Rinse hands with warm water and dry with a disposable towel. Turn off the faucet with a disposable towel. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.

Cone Health-approved lotions are recommended periodically after hand hygiene, throughout the shift. Only use system-approved lotion. Unapproved lotions may be incompatible with gloves and reduce their effectiveness.

#### *Glove Use*

Decontaminate hands prior to putting on gloves. Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur.

Change gloves during patient care if moving from a contaminated body site to a clean body site. Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients.

Remove gloves prior to leaving a patient's room. Decontaminate hands after removing gloves.

#### *Visitors*

Affiliates are responsible for encouraging all visitors to perform hand hygiene before entering and upon exiting nursing units and patient care areas.

#### *Hand-Hygiene Product Dispensers*

- Do not add soap to a partially empty soap dispenser. This practice of "topping off" dispensers can lead to bacterial contamination of the soap.
- Do not refill alcohol-rub dispensers. Discard the inside container when empty.

#### *Hand-Hygiene Compliance Monitoring*

Cone Health monitors and reports hand hygiene compliance for all health care personnel roles in clinical areas. Monitoring is conducted by an automated system or by trained observers through a formal process. Performance feedback is available to leadership system wide for accountability and process improvement.

#### **Medical Safety Devices**

Federal law requires a report on all incidents where there is reasonable suspicion that a medical device caused or contributed to a patient's serious injury, serious illness or death. Incidents are reportable if they:

- Require surgery or medical intervention.
- Result in permanent impairment of a body function.
- Permanently damage a body structure.

If a person is injured by a medical device:

- Take care of patient's immediate need.
- Remove device from use.
- Label device - "Do Not Use" - with a date and time.
- Alert supervisor, and work with supervisor to report in the Safety Zone Portal.

#### **Infection Control/Employee and Affiliate Health**

It is your responsibility to familiarize yourself with the Infection Control/Employee Health Policies located on Cone Connects.

- In the event of an injury or a bloodborne pathogen exposure, either the charge nurse, assistant director, director, or administrative coordinator is notified and a Visitor's Incident Report is completed in the Safety Zone Portal on Cone Connects.
- If medical treatment is required, follow the procedures for each campus.
- Federal law now requires the use of sharps safety devices such as needle-less IV tubing, safety lancets and safety devices for IM and subcutaneous injections.
- Individual containers of blood less than 20 ml or other waste such as dressings contaminated with blood or body fluids may be placed in the regular trash.

# INFECTION PREVENTION, Continued

## Sharps Safety

Sharps safety devices are for your protection and, by law, you must use them.

Sharps safety devices include:

- IM/SQ needles and syringes.
- Needle-less IV tubing sets.
- Safety lancets.
- Phlebotomy devices.
- IV safety catheter.

Always discard sharps and only sharps in a sharps disposal container. Safety devices must be activated before disposal.

## Bloodborne Pathogens (BBP)

The BBP Exposure Control Plan provides information on:

- Hepatitis B vaccinations.
- Jobs and tasks that are risky.
- How to choose personal protective equipment (PPE).

If you have questions about BBP, contact Health at Work or Infection Prevention. After hours, hospital staff should contact the administrative coordinator or refer to the Bloodborne Pathogen: Management Plan.

## Blood Spills, Exposures and Personal Protective Equipment

To clean a blood spill:

- Put on gloves and other PPE appropriate to the size of the spill.
- Contain the spill.
- Clean up the blood and dispose of appropriately.
- Spray the surface with an approved disinfectant.
- Wipe clean.

If you are exposed to blood or other body fluids:

- Immediately wash the exposed skin with soap and water or hand sanitizer (if soap and water are not immediately available). Flush mucous membranes with water or saline.
- Report to your Health at Work nurse or the administrative coordinator after hours.
- Complete Report of Injury, Illness, or Exposure through Safety Zone Portal.

When handling blood or “Other Potentially Infectious Materials” (OPIM) and anytime there is a risk of a splash you must use the following PPE:

- Gloves when handling blood or OPIM.
- Gowns when there is a risk of splash of blood or OPIM to clothing.
- Masks and goggles (both) or face shields when blood or OPIM could splash your face.

Make sure you know where to find these items and how to use PPE.

## Standard Precautions is for All Patients

Standard precautions are designed for the care of all patients regardless of their diagnosis or presumed infection status.

These precautions apply to the following:

- Blood.
- All body fluids.
- Secretions and excretions (except sweat).
- Nonintact skin.
- Mucous membranes.

For more details, see the Infection Prevention Standard and Transmission Based Precautions Policy.

## Radiation Safety

When in any radiology area, pay close attention to signs, especially in the MRI area. Cone Health has several MRI units within our organization, which are magnetic and are always on. Please follow authorized personnel instructions when in those areas. Ferrous items, such as jewelry, keys, etc., can cause serious injury and/or damage the scanner when near MRI machines.

## Compressed Gases Safety/Storage

Tanks must be chained or stored to prevent falling. Compressed gas tanks will be stored in the following ways:

- Full, unopened/unused.
- Ready to use.
- Opened tanks and have more than 500 psi.
- Empty tanks and have 500 psi or less.

# FALLS

Some patients are at risk of being significantly injured if they were to fall. Along with assessing fall risk, screening patients for injury risk is also required. Patients that meet any of the following criteria have an injury risk.

## The ABCDEF of Injury Risk:

### A = Age

85 years or older or frail due to clinical condition

### B = Bones

Fracture risk or previous fracture as well as bone conditions that include osteoporosis, metastatic bone cancer or prolonged steroid use

### C = Anti-coagulation

Bleeding disorders, either through use of anticoagulants or due to an underlying clinical condition (platelet count < 75, 000); does not include VTE prophylaxis

### D=Delirium/confusion

Confused and unable to call for assistance or are unable to call for assistance

### E = Extensive surgery

Post-surgical wounds with sutures/staples that could dehiscence; recent lower limb amputation or recent major abdominal or thoracic surgery

### F = Frequent falls

A fall during current hospital admission or having had a history of falls at home or prior to admission

Available interventions to prevent injury include:

- Specialty low beds with floor mat.
- Floor mat.
- Safety sitter.

## Standards of APPEARANCE and DRESS CODE POLICY

The purpose of this policy is to identify and promote a professional image among Cone Health team members as well as to ensure the highest standards of safety.

### General Requirements for All Staff

#### *Cone Health Issued Identification (Name) Badge*

- The Cone Health Badge is worn above the waist with the team member's picture visible at all times while on Cone Health property. Please see instructions for Replacement Badge via Cone Health Worx.
- Cone Health issued contact tracer badges must be worn at all times while on Cone Health property.

#### *Hygiene and Scents*

- Cleanliness and personal hygiene (including but not limited to bathing/showering and dental/oral hygiene) should be maintained to avoid unfavorable odors.
- For the benefit of patients, visitors and team members, no scented products or fragrances are permitted.
- Team members shall not have the odor of tobacco smoke on their person or clothing when on Cone Health property.

#### *Tattoos*

- Visible tattoos, body art, and body marks must not be disruptive or offensive and not be in conflict with Cone Health values of Caring for Our Patients, Caring for Each Other, and Caring for Our Communities.
- Tattoos in conflict with Cone Health values are to be completely and professionally covered at all times while in the work environment.

#### *T-Shirts*

- Cone Health team members may wear t-shirts during Cone Health events pre-approved by the Chief Nurse Executive and Vice President of Human Resources.

#### *Denim*

- Department leaders will use their discretion to determine if professional denim attire is appropriate for classes, meetings, non-clinical off-site locations, etc. It is not the intent of Cone Health to allow denim as everyday wear for customer facing locations.
- Denim must be clean, neat, and of professional appearance (free of holes and tears).

## PROHIBITION of HARASSMENT and other DISRUPTIVE BEHAVIORS

Cone Health is committed to providing a positive work and patient care environment that is free from intimidation, hostility, harassment or violence. Harassment and other disruptive behaviors by or towards employees, physicians, patients, visitors, volunteers, vendors and agents at Cone Health are strictly prohibited.

### Policy

It is the responsibility of both Cone Health and its affiliates to ensure the workplace is free from any form of harassment and disruptive behavior as defined above. All affiliates have a responsibility to report any harassing or disruptive behavior they witness.

No leader may make sexual advances or threaten or insinuate, either explicitly or implicitly, that an affiliate's refusal to submit to sexual advances will adversely affect the affiliate's employment, performance evaluation, wages, advancement, or any other term or condition of employment or career development, or that submission to sexual advances may result in additional benefits.

Under North Carolina law, sexual acts between a health care affiliate and a patient, with or without consent, may constitute a felony. Such conduct will be grounds for immediate termination.

Making accusations known to be false is a form of misconduct likely to result in serious impairment of Cone Health's effort to administer this policy properly. Accordingly, such misconduct may result in corrective action, up to and including termination.

Any affiliate who has a complaint or report of harassment and/or disruptive behavior by any representative or agent/affiliate (including but not limited to leaders, coworkers, patients, physicians,

volunteers, visitors, vendors, contractors, interns, and students) has a duty to bring the problem to the attention of his or her leader and/or Human Resources. If the complaint/report involves someone in the affiliate's direct line of supervision, Human Resources must be notified.

All levels of leadership will be responsible for reporting any observed behaviors in violation of this policy or complaints/reports received to a representative in Human Resources immediately.

All complaints or reports of harassment or other disruptive behaviors directed towards other affiliates, patients, physicians, visitors, volunteers, vendors, and agents will be investigated promptly. When the investigation discloses that violations of this policy have occurred, Cone Health will take appropriate corrective action up to and including separation of employment. Reasonable effort will be taken to resolve complaints/reports of harassment and disruptive behavior as confidentially as possible, consistent with the need to determine the facts.

If an affiliate is not satisfied with the action taken by the leader, the affiliate may refer the matter to Human Resources.

Retaliation or discrimination against an affiliate for reporting or complaining about harassment/disruptive behaviors or for participating in the investigation of any related concern is prohibited.

Only clinical, direct patient care individuals need to read the remainder of this packet. Non-clinical individuals, please proceed to the last page to sign the Orientation Agreement and Acknowledgement.

## **PATIENT POPULATION Served**

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Cone Health serves the following patient populations:

- Neonate (< 1 month)
- Pediatric (1 month to < 13 years)
- Adolescent (13 years to < 18 years)
- Adult (18 years to < 66 years)
- Geriatric (66 + years)
- Specific age groups are listed in the departmental Scope of Service, if applicable.

## **SAFE PATIENT HANDLING Policy**

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Cone Health is committed to providing the highest level of safety in every environment in which care is delivered. All patient transfers/lifting will be done safely and appropriately to protect the affiliate and patient from injury. All patient lifting, shifting or transferring will be completed based on assessment, utilizing mechanical lift equipment and/or other approved patient handling aids.

An injury to a health care professional from patient transfer/lifting activities directly affects the quality of

life for our staff members and patients. Therefore, it is crucial that health care professionals practice safe lifting, transporting and proper body mechanics at all times. Mechanical lifting equipment and/or other approved patient handling aids are key components in this effort. Contact departmental leadership for specific information regarding safe patient handling for the area in which you will be working.

## **PREVENTING MEDICATION ERRORS/PATIENT IDENTIFICATION**

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Patients will be actively involved with the identification process. When the patient is the source for identification, ask them to give you their first and last name (spell last name), and date of birth (DOB).

All patients will have their identity verified by two unique identifiers (name, DOB, account number,

medical record number) prior to medication and blood administration, collection of blood samples and other specimens, treatments/tests, procedures, and transfers/discharge.

## TIME OUT/PRE-PROCEDURE Verification

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### Time-Out

Immediately before starting the procedure, the practitioner responsible for the procedure will initiate the time-out using the consent form (as applicable).

When the time-out is initiated, all members of the team will stop activities, provide a quiet environment (i.e., radios turned off, phones not answered, conversations stopped, etc.), actively participate and verbally confirm the following information that must be reviewed:

- Correct patient
- Correct procedure
- Correct site(s) and side(s) are marked

When all affiliates have verbally confirmed the above to be correct, the practitioner may proceed.

When more than one procedure is being performed by the same or a separate procedure team, a time-out must be performed for each procedure and/or procedural team.

Once a time-out has been performed, if the practitioner leaves the room before the incision, another time-out must be performed.

The circulator RN, anesthesia provider or practitioner responsible for the procedure should state during the time-out, "I see the site marking on the (state location of site marking)," or something to that effect when a site has been marked for a procedure.

If the site is being re-marked after the original time-out has occurred, the entire surgical team will be involved in the re-marking and use the consent form.

Within reason, all personnel intended to be involved in the procedure should be present during the time-out.

## MEDICATION ADMINISTRATION

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The 5 rights of medication administration are:

- The right patient.
- The right drug.
- The right dose.
- The right route.
- The right time.

## Medication LABELING

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All drug containers shall be labeled and drug labels must be clear, consistent, legible and in compliance with state and federal requirements. There shall be a standard method for appropriately and safely labeling medications dispensed to both inpatients and outpatients.

All medications or solutions prepared at the Cone Health campuses that are not administered immediately, must be labeled and include at a minimum:

- Drug name.
- Strength.
- Amount (if not apparent from the container).
- Expiration date when not used within 24 hours.
- Expiration date when expiration occurs in less than 24 hours.
- The date prepared and the diluent for all compounded IV admixtures and parenteral nutrition solutions.
- Barcode unless medication is used in a procedural area.

## DO NOT USE Abbreviations

Orders shall contain only abbreviations that have been approved by the medical staff. A list of these abbreviations is available on the Cone Connects policy and procedure site.

## UNSAFE LIST of Abbreviations

Certain abbreviations have been identified as being particularly dangerous and these have been placed on an UNSAFE list. The UNSAFE list is reviewed periodically and updated as needed to reflect

requirements from regulatory agencies or sentinel events that are reported to the Institute for Safe Medicine Practice or The Joint Commission.

### Dangerous Prescribing Practices: Unsafe Abbreviations

DO USE	DO NOT USE	REASON
Units	U or u	Mistaken as "0," "4," or "cc."
Daily	Q.D., QD, q.d., or qd	Mistaken for Q.O.D. The period after the Q can be mistaken for an "i."
International Units	IU	Mistaken for IV and 10.
Every Other Day	Q.O.D., QOD, q.o.d., or qod	Mistaken for Q.D. The period after the Q can be mistaken for an "l" and the O can be mistaken for "0."
0.1 mg	.1 mg	No leading zero results in easily missed decimal point (i.e., 10 times the intended dose).
0.1 mg or 1 mg	.10 mg or 1.0 mg	Trailing zero results in easily missed decimal point (i.e., 10 - 100 times the intended dose).
Morphine Sulfate	MS	Mistaken for MSO4 and MgSO4
Morphine Sulfate	MSO4	Mistaken for MS and MgSO4
Magnesium Sulfate	MgSO4	Mistaken for MS and MSO4

## DERMATITIS/LESIONS on the Hands

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Affiliates who have weeping dermatitis/lesions on the hands must be restricted from direct patient care until all lesions are healed. To minimize possible irritant contact dermatitis:

- Use system approved lotion.
- Avoid the use of very hot water should be avoided as it increases the likelihood of skin damage.
- Pat skin dry rather than rub it to avoid cracking.

## SPLINTS and OTHER ORTHOPEDIC SUPPORT DEVICES

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Health care workers who need to wear splints/orthopedic devices on the hands or wrists are allowed to participate in direct patient care if the device can be removed for proper hand hygiene.

- The health care worker should also be able to don appropriate gloves (sterile/non-sterile) with the splint/orthopedic device, when appropriate.
- Health care workers who are unable to remove their splints/orthopedic device for proper hand hygiene

and glove use must not participate in direct patient care.

- Wearing gloves with a splint/orthopedic device is not a substitute for proper hand hygiene.
- Reassignment to non-patient care activities is at the discretion of the department director in the area you are working in.

## EMOTIONAL ILLNESS, ALCOHOLISM or SUBSTANCE ABUSE

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If an employee or affiliate observes someone on Cone Health premises, not under the care of Cone Health at that time, that appears to have some emotional,

alcohol or substance abuse issue, the employee or affiliate should contact Security at that location and try to stay with that individual until Security arrives.

## ADVANCE DIRECTIVES

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All patients have the right to make decisions concerning how they want to be cared for in case they are unable to make those decisions (Advance Directives), and if they want, have help in writing down those decisions. Patients have the right to choose someone to make treatment decisions for them in the case that they cannot make decisions themselves.

Patients have the right to have advance directives, which are in the chart, discussed with them and/or the individual they have chosen to make decisions for them. Patients have the right to request receipt of care that is different from what is stated in the Advance Directive.

# PAIN MANAGEMENT and ASSESSMENT POLICY

The purpose of the policy is to provide optimum pain management to all patients in a safe and effective manner for pain perceived and reported by the patient and/or assessed by the caregiver.

## Policy

All patients have a right to appropriate assessment and management of pain. This assessment will be age-appropriate, culturally appropriate, and facilitate regular reassessment and follow up. Cone Health will plan, support, and coordinate activities and resources to assure that each patient's pain is recognized and addressed appropriately.

## Procedure

Establish and maintain competency in pain management for appropriate clinical staff.

In all inpatient settings, pain will be routinely assessed, reassessed, and documented at least once during a shift or with a report of new or different pain. In the outpatient setting, pain will be assessed during the visit as appropriate to the treatment, diagnosis or chief complaint.

In the initial/admission assessment, the goal is to identify and document the presence or absence of pain. If pain is present, complete a more comprehensive assessment, which may include:

- Location.
- Pain intensity (using approved scale).
- Quality; patterns of radiation, if any; and character (elicit and record the patient's own words whenever possible).
- Onset, duration, variation and patterns.
- Alleviating and aggravating factors.

- Effects of pain (impact on daily life, function, sleep, appetite, relationships with others, etc.).
- Pain goal.

Reassessment of pain: Pain reassessment, post-intervention, will occur within a reasonable time frame based on the actions of the medication and the route of administration.

Document ongoing assessments and follow up to interventions according to patient condition. Accept and treat findings of pain assessment. Document all interventions.

Instruct the patient and family members regarding:

- Rights to pain management.
- Understanding pain management.
- Risks for unrelieved pain.
- How to report pain and relief.
- Pharmacological and non-pharmacological methods of treatment.

Address patient's pain management needs in the discharge plan or end-of-visit summary.

## MEDICAL WASTE (Regulated Medical Waste) POLICY

Regulated medical waste is defined as microbiological waste, pathological waste, and blood and body fluids in individual containers in volumes greater than 20 ml. The Division of Waste Management of the North Carolina Department of Environment and Natural Resources (NC DENR) has developed definitive rules for the disposal of regulated medical waste. It is the policy of Cone Health to comply with all local, state and federal laws in the management and disposal of regulated medical waste. Waste is to be appropriately segregated to minimize the amount of hazardous waste generated and discarded.

### Procedure

All regulated medical waste will be segregated from general refuse by using a red color-coded leak proof bag (biohazard bag). If outside contamination of the bag is likely to occur, then a second leak proof container, which is closable, shall be used. Bags containing regulated medical waste are not to be placed directly on the floor.

The bags will be picked up for disposal by the Environmental Services department.

If there is an excessive amount of regulated medical waste, contact the Service Response Center to arrange for trash pick-up.

Sharps must be disposed of in a rigid, puncture resistant, leak proof container prior to disposal by an approved waste handler.

The following are approved methods of treatment of regulated medical waste:

- Microbiological waste — steam sterilization, incineration, chemical treatment, microwave treatment
- Pathological waste — incineration (“incineration only” stickers placed on tubs holding this waste stream).
- Blood products and body fluids in individual containers in volume greater than 20 ml — incineration or pouring into sanitary sewer.
- Chemo waste — incineration (yellow containers indicate “incineration only”).

### Non-Regulated Medical Waste

An individual container of blood and body fluids containing less than 20 ml may be disposed of directly in the sanitary landfill.

Multiple containers of blood and body fluids each containing less than 20 ml must be disposed of in a rigid, puncture resistant, leak proof container prior to disposal in the sanitary landfill.

## RESTRAINT and SECLUSION POLICY

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This policy designates the criteria used to determine if restraint and/or seclusion use is warranted to ensure a safe and therapeutic environment for all patients. The policy provides guidelines for assessment, use, management and monitoring of restraint and seclusion, limiting the use of restraint and seclusion and preserving the individual's safety and dignity.

### Philosophy

Cone Health leadership recognizes that all patients have the right to respectful care and consideration of their rights, dignity and safety. Restraints and seclusion are only utilized when less restrictive interventions have been determined ineffective to protect the patient, staff members and others from harm.

### Policy

Restraint or seclusion will be used only when adequate and appropriate clinical justification exists.

Restraint, seclusion or isolation time-out may be necessary to ensure patient safety during hospitalization.

Seclusion is only to be used at the Behavioral Health campus and the Wesley Long secured area for psychiatric patients.

Preventive strategies and/or use of less restrictive alternatives must be explored before implementation of restraint, seclusion or isolation time-out.

Use of restraint, seclusion, or isolation time-out:

- Will be based on the assessed needs of the patient.
- Will never be used as a convenience for staff or as punishment, coercion or retaliation by staff.

In addition, the use of restraint or seclusion will never be based on:

- A patient's restraint or seclusion history.
- Solely on a history of dangerous behavior.

Restraint for a violent or self-destructive reason is used only as an emergency measure and is reserved for those occasions when severely aggressive or destructive behavior places the patient or others in imminent danger.

Restraint is used only after alternative measures have been exhausted or are not viable. The attempt to use alternative measures must be documented in the medical record.

The specific device used to restrain a patient does not in itself determine whether these standards apply. Rather it is the device's intended use, its involuntary application, and/or the identified patient need that determines whether use of the device triggers the application of this policy.

Therefore, this policy does not apply for standard practices that include limitation of mobility or temporary immobilization related to medical, dental, diagnostic, or surgical procedures and the related post-procedure care processes. For more information, contact departmental leadership.

## RIGHT to NATURAL DEATH POLICY

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Cone Health has policies and guidelines for withholding or discontinuing treatment and are intended to provide a method by which patients and/or their representatives may exercise these rights and to provide guidance and legal protection to physicians and hospital personnel.

### Policy

Each patient shall receive all necessary and appropriate treatment unless and until the physician issues an order to withhold or discontinue treatment.

Care and service will be provided to dying patients in the most sensitive and humane manner prudent under the circumstances. When consistent with this policy, it is ethical to withhold or discontinue medical treatment, including artificial nutrition and hydration.

The health care team is responsible for providing the supportive therapy and care necessary to maintain patient dignity and quality of life. For more information, contact departmental leadership.

# ORIENTATION AGREEMENT and ACKNOWLEDGEMENT for NON-CONE HEALTH EMPLOYED INDIVIDUALS Providing Care, Treatment, and Services

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By signing this document, I have read the Orientation Agreement and Acknowledgement for Non-Cone Health employed individuals providing care, treatment and services and agree to abide by Cone Health policies while associated with Cone Health and to seek assistance with and/or clarification of these policies if needed. I have received the information on the iCARE Commitments, confidentiality (HIPAA), compliance and integrity, safety/quality concerns, Hand Hygiene and Standards of Appearance and Dress Code policies, emergency responses, and the National Patient Safety Goals related to the standards expected of all Non-Cone Health employed individuals providing care, treatment and services, and commit to abide by them.

By my signature, I confirm that this Acknowledgement has been reviewed by me.

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Name (Printed)

Signature

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Date

Name of Affiliate/Agency

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Cone Health Responsible Leader's Name (Printed)

Complete this form and email it to: \_\_\_\_\_



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