

# New Employee Orientation Manual

Cooley Dickinson Hospital

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# WELCOME TO COOLEY DICKINSON!

Welcome to Cooley Dickinson Healthcare! We are glad you chose to join our team. This orientation manual is designed to help you become familiar with the hospital's programs, policies and procedures. Much of the manual refers to safety programs and your role in ensuring a safe environment for patients, visitors and staff. Your manager/supervisor will orient you to your specific work area and review departmental procedures. They will also give you a tour of the hospital and any additional information you may need to successfully do your job.

## **Our Mission & Values**

Cooley Dickinson Hospital will provide a core of community hospital services, collaborate with physicians and other providers to promote continuity of care and stimulate healthy lifestyles. CDH will constantly improve access and efficiently provide quality health services.

### Build Partners

I reach across boundaries to collaborate with others.

### Extend Trust

I extend trust and commit each day to be worthy of yours.

### Change Now

I encourage and embrace change and consistently ask what else can I do to achieve CDHCC goals.

### Own It

I step up and take responsibility for our results.

### Model Excellence

I seek and provide feedback and coaching, led by example, and share my knowledge to achieve our desired results.

### Exceed Expectations

I create a positive experience for every patient and family.

## Everyday Expectations

As a member of the CDHCC team, we expect you act in a professional manner at all times. We ask that you:

- Wear your badge at all times.
- Be clean and neat in appearance.
- Follow the dress code policy.
- Greet those you encounter with a smile.
- Do not interrupt others in their duties. Please be aware that staff is busy, do not wander around the hospital, or interrupt others at their desks unless this is required of you.
- Do not complain about a problem in a loud voice in a public area. If you have a concern which you need addressed, please speak with supervisor or a HR Generalist.
- Remember to say "thank you".
- Remember, it's the little things that can make a big difference!

## Dress Code Overview (excerpt from HR Policy 3.05)

All employees are either business or clinical representatives of Cooley Dickinson Health Care Corporation (CDHCC) and must present a business professional and neat appearance while on duty.

Acceptable	NOT Acceptable
<ul style="list-style-type: none"> <li>• CDHCC ID badge must be worn at all times, above the waist, with the name facing out in a visible location.</li> <li>• Uniforms, if required, must be worn as issued/required and in good condition.</li> <li>• Skirts, and slits in skirts must be no shorter than 3 inches above the knee.</li> <li>• Limited amounts of jewelry such as bangle or studded bracelets, large dangling earrings are NOT acceptable.</li> <li>• Piercings: No more than three (3) ear piercing per ear. Facial piercings are discouraged, but may be worn only if discreet (half an inch or less).</li> <li>• Shoes/footwear with modest heels.</li> <li>• Open toed shoes, sandals are acceptable with hosiery.</li> <li>• Caps, only if officially distributed by department manager for specific use/purpose, i.e. kitchen staff.</li> <li>• Hosiery must be worn at all times.</li> <li>• Shorts may only be worn by as part of a uniform or standard of dress.</li> <li>• Business casual as identified by the department manager and approved by Human Resources.</li> <li>• All clothing should be clean, neat, pressed and in good condition.</li> <li>• VNA &amp; Hospice of Cooley Dickinson employees should refer to the dress code guidelines of their agency.</li> </ul>	<ul style="list-style-type: none"> <li>• Fragrances and scented products that are perceived by others, in addition to the user, are not to be worn in any of the organization's facilities, including but not limited, to the hospital campus.</li> <li>• Shorts in all clinical areas and office and business settings.</li> <li>• Midriff tops/ halter tops</li> <li>• Tank tops</li> <li>• Muscle shirts</li> <li>• Baseball caps</li> <li>• Jeans/ denim material attire (of any color) to include denim skirts, dresses, and jumpers.</li> <li>• Cut-offs pants/slacks/jeans</li> <li>• Capri pants</li> <li>• Tattoos must be covered so that they are not visible.</li> <li>• T-shirts with wording other than "Cooley wear".</li> <li>• Artificial nails in direct patient care areas.</li> <li>• Flip-flops.</li> <li>• Bare legs/feet (must wear hose/socks).</li> <li>• Spandex clothing</li> </ul>

# RESPECTING PRIVACY

**Questions ? Contact Donna Fasser, Ext. 2294**

To protect the privacy of patients, families, employees, physicians, and the organization, the right to privacy and confidentiality is strictly supported and protected.

- Confidential patient information includes details regarding a patient's illness, treatment, personal affairs, financial data, or any other information that connects the patient to the information.
- Information that is confidential to the organization includes: financial and legal, organizational structure, organizational changes. As an employee of CDHCC, you may have access to "sensitive" information simply because you are employed by the organization; however, it is not your privilege to share the information with others.
- Our employees have a right to privacy as well:
  - CDHCC employees, our peers, can become our patients. When we hear that a co-worker has been hospitalized it is natural to want to visit. Illnesses or births are private events. Dropping by to say hello should take place if you are invited by the patient or a family member.
  - There is certain information that the organization is required to obtain from you that you should expect to be held with the utmost respect and privacy. This information includes terms of your employment, rate of pay, occupational health issues, benefits, and disciplinary actions.

## **Keep Conversations Private!**

- Make sure you cannot be overheard.
- Remember that the patient in the other bed or the employee in the other office may hear you.
- Do not discuss private information in the cafeteria, halls, elevator, or any other public areas.
- Do not think that because you avoid using a patient's name in a conversation, that the conversation won't identify the patient – diagnosis, room number, and other identifiers can be revealing.

## **Remember the "Need to Know" Rule!**

- Do not talk unnecessarily about any patient.
- Do not talk about or look through the records of patients who you are not directly caring for.

## **Handle Paperwork Carefully!**

- Do not leave patient information unattended in work areas.
- Turn over or cover all documents when not reviewing.
- All paperwork that contains patient information must be placed in Confidential disposal bins if being thrown out.
- Do not remove any paperwork that contains patient information from CDHCC premises without approval from your supervisor/manager.

## **Not Sure About Releasing Information – STOP! Call on the following:**

- Manager or Supervisor
- Public Relations
- Admitting
- Medical Records

## **Psychiatric Unit Patients Require Special Consideration!**

- Do not confirm or deny any admission.
- Take the name and the number of the caller and inform them that the patient will call back **IF** they are presently here.

## **Do Not Share Computer Security Codes!**

- Access to information is granted based a need to know – patients have the right to ask for a listing of all employees who have accessed their patient information.
- Do not share your code with any co-workers or anyone else.

# EMPLOYEE HEALTH

**Questions ? Contact Employee Health, Ext. 2236**

## Office Information

- Open Monday-Friday from 7:30 a.m. to 12:00 p.m. and 12:45 p.m. to 4:30 p.m.
- Evening, nights, weekends, and holiday shifts report any injuries to their supervisor and then report to the Emergency Department for care. Follow up care will be provided by the Occupational Health office. You should bring a completed Employee Incident Report (Form 190) with you to your Occupational Health visit. **Please DO NOT give your Incident Report to the Emergency Department staff.**

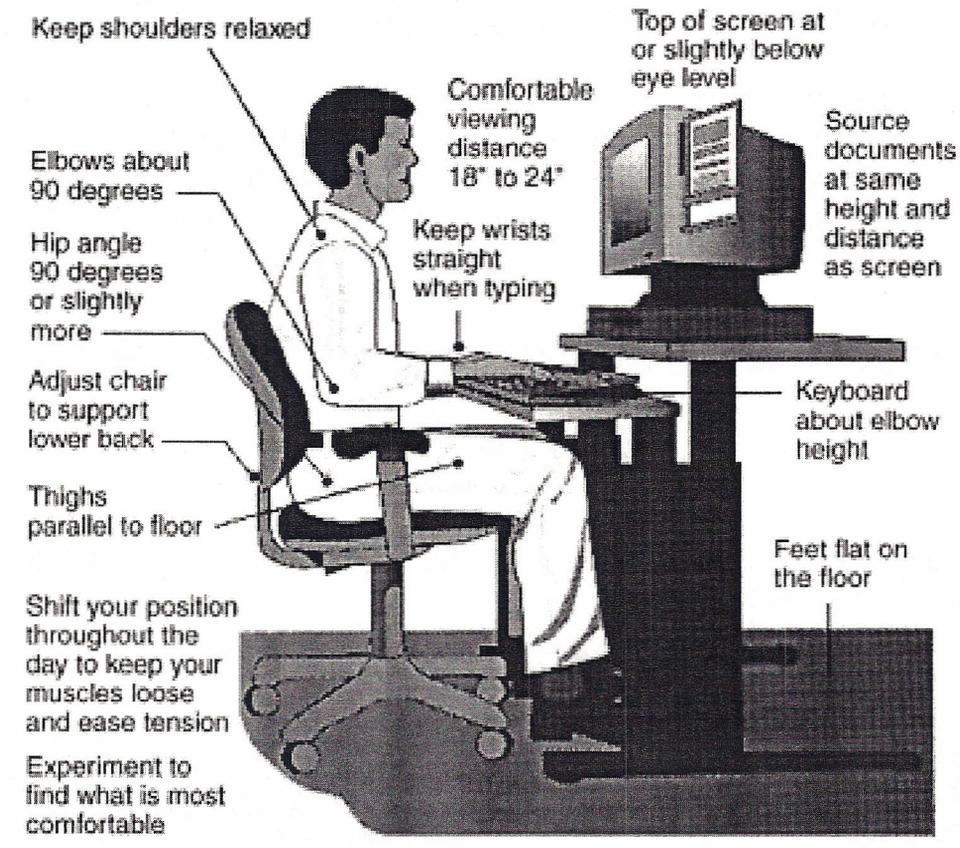
## Services

- Pre-employment physical and drug screen
- N-95 mask fit testing, done at pre-placement and annually on your birth month.
- Care of minor, acute non-work related injuries and illnesses as per protocol.
- Mandated screenings (i.e., TB, immunity to childhood diseases).
- Immunizations (free Hepatitis B vaccine for OSHA Cat I employees, and free annual Influenza (Flu) vaccine for all)
- Investigation and treatment of work related injuries.
- Follow-up of work related exposures to communicable diseases.
- Fitness for duty evaluations for any concerns about employee impairment which may include drug and alcohol screening.

## Your Role

- Injuries such as needle sticks and other accidental blood/body substance exposures (ABSEs) should be **immediately** reported. **You should be evaluated by Occupational Health or the Emergency Department within 1 – 2 hours of exposure.** Inform the Nursing supervisor and complete an Employee Incident Report (Form #190). The Incident Report should be given to the Nursing Supervisor or to Occupational Health directly. Please do not give your incident report to the Emergency Department staff.
- Know procedures for reporting illness, non-work related injuries, and work absence:
  1. If you have patient care responsibilities, familiarize yourself with Infection Control policies #32 and #34 – for information about returning to work after illness.
  2. Inform your supervisor.
  3. Bring a physician's note to Occupational Health if you have been absent three (3) or more days, or if you have had a significant illness or surgery. If you are absent five (5) or more days, or you have had a significant illness or surgery, you will need a doctor's note and you will be required to be cleared for work through Occupational Health. Please call Occupational Health at 582-2480 and set up a Return to Work appointment **PRIOR to your expected return date.**
  4. Promptly report all exposure to communicable diseases (including chicken pox and measles) even if you have known immunity.
  5. Direct patient care, report to the Occupational Health Office with onset of cold sores.
- Understand the importance of the Hepatitis-B Immunization Program. (Vaccine is available free of charge to all OSHA category 1 employees)
- Comply with mandated screening as appropriate.

## Working with Computer Terminals



## Safe Lifting & Carrying

### DO:

Tuck in the chin to keep the back as straight as possible while lifting.

Lift with the strong leg muscles.

Ask for help with the heavy, awkward items.

When possible, use mechanical equipment to move heavy items.

### DON'T:

Use your back muscles to do lifting.

Try to lift an item that is too heavy or awkward.

Twist your body while carrying an object.

Attempt team lifting without proper coordination

### Lifting Points to Emphasize

- Bend to lift an object - don't stoop
- Keep your back straight by tucking in your chin
- Lift with the strong leg muscles, not the weaker back muscles

# ENVIRONMENTAL SAFETY

Questions? Contact Brian Rust, Security Director Ext. 2840

Together, employees, medical staff and volunteers Cooley Dickinson Healthcare share a common concern and responsibility for the safety of patients, visitors and fellow staff members. The Safety Program at CDHCC includes fire & electrical safety, utilities management, and infection control. It is the obligation of all employees to acquaint themselves with hospital-wide and department specific policies and procedures and to know their role during an emergency situation.

## TO REPORT AN EMERGENCY IN THE HOSPITAL DIAL 44!

This is the direct line to the "code phone" at the switchboard. Give the operator the type of emergency and the exact location of the situation.

### Emergency Codes

<i>Code Black</i>	<i>Weather Alert</i>
<i>Code Blue</i>	<i>Medical Emergency</i>
<i>Doctor Dickinson</i>	<i>Child Abduction</i>
<i>Code Orange</i>	<i>Security</i>
<i>Code Red</i>	<i>Fire</i>
<i>Code Yellow</i>	<i>Disaster</i>
<i>Code Yellow: Dr Decon</i>	<i>Exposure to Hazardous Agent in the Community</i>
<i>Code White</i>	<i>Infant Medical Emergency</i>
<i>Code Purple</i>	<i>Patient Elopement</i>
<i>Code Green</i>	<i>All Clear</i>

## Fire Safety

Prevention is everyone's responsibility. If you discover or suspect a fire, remember the acronym RACE:

### **R = RESCUE**

Secure the safety of everyone in immediate danger.

### **A= ALARM**

Activate the nearest fire alarm pull station. Dial "44" to report a CODE RED. Give the operator the exact location of the fire. Speak slowly, calmly and distinctly.

### **C = CONTAINMENT**

Contain the fire. Close doors to prevent the spread of the smoke and flames of the fire. Attempt to extinguish the fire with the proper fire extinguisher.

### **E= EVACUATION**

Know your evacuation routes. Know the three levels of evacuation:

- 1) Evacuate from the immediate vicinity of the fire.
- 2) Evacuate in a horizontal direction to a safe area on the same floor.
- 3) Evacuate in a vertical direction on the stairwell under the direction of the Fire Department. Elevators may be used during an evacuation process only under the direction of the fire department.

## Fire Extinguishers

Know the types and locations of the fire extinguishers in your work area. To correctly operate fire extinguishers remember the acronym PASS:

- |            |  |
|------------|--|
| <b>P =</b> | <b>Pull the pin</b>  |
| <b>A =</b> | <b>Aim the nozzle at the base of the fire</b>              |
| <b>S =</b> | <b>Squeeze the handle to release the water or chemical</b> |
| <b>S =</b> | <b>Sweeping motion from side to side</b>                   |

You are responsible for becoming familiar with and adhering to hospital wide and departmental fire plans. Prior to starting work, you should speak with your supervisor about your role during a CODE RED and review your specific department's procedure. Locate the following safety items:

- Fire Pull Stations
- Fire Extinguishers
- Fire Location Code List
- Evacuation Routes

## **During a CODE RED:**

- **DO NOT** go through fire doors unless responding to the code red or if you are responding to a medical emergency.
- **DO NOT** use the elevators except under the direction of the Fire Department.
- Fire drills will be held periodically. All personnel are required to participate.

## **Smoking Policy**

Cooley Dickinson Health Care Corporation is a smoke-free and tobacco-free environment effective November 15, 2007. This initiative includes the entire Cooley Community - the hospital, the VNA & Hospice, the CDPA physician offices and the satellite offices. We are committed to becoming a safe and healthy environment for our employees, patients and guests.

## **Security**

Security Officers may be contacted by dialing "O" for operator for routine assistance such as unlocking an office door. If security is needed for a hostile, physically threatening matter, a Code Orange should be reported by dialing "44".

## **Utilities Management**

If you suspect or identify problems with any of the following utilities, notify your supervisor or contact the Engineering Department at ext. 2311. During off-shifts, contact the switchboard by dialing "0":

**ALL ELECTRICALLY POWERED DEVICES MUST BE CHECKED BY THE ENGINEERING DEPARTMENT BEFORE BEING PUT INTO USE. THE PROPER STICKER MUST BE AFFIXED TO ALL ELECTRICAL EQUIPMENT.**

Unsafe devices must be taken out of service immediately. Examples of unsafe devices: Frayed wires, sparks, damaged casings, etc. If found unsafe the following steps must be taken:

1. Turn OFF the equipment and UNPLUG it.
2. Label with a "Defective – Do Not Use" sticker.
3. Contact the Engineering Department.

Use of extension cords and electrical power cord adapters are prohibited unless authorized by the engineering department.

## **Communication Devices**

Only communication devices supplied or authorized by the hospital are permitted for use within the facility. The hospital systems include telephones, beepers, overhead paging system and nursing call stations. Due to the risk of radio frequency interference affecting the operation of medical equipment, the use of cellular telephones and two-way radios is not permitted within the hospital.

## **Emergency Power**

In the event of a power failure, the hospital has three emergency generators that restore power to the hospital within eight seconds. Red outlet covers and/or red dots on the outlet covers indicate power to emergency generators.

## **Asbestos Awareness**

In any building prior to 1980, it is likely that "Asbestos Containing Material" (ACM) is present. It is the intent of CDH to comply with the rules and regulations governing the presence of asbestos in buildings.

CDH has trained and licensed personnel for the maintenance and upkeep of ACM and appropriate cautionary signage is in place.

All employees should become familiar with the cautionary signage associated with ACM. If you require additional information, please contact the Maintenance Department at ext. 2311.

## **Hazard Communication and Right-To-Know**

To comply with federal regulations of Hazard Communication Standards and the Massachusetts Right-to-Know Act, the hospital has established a Hazard Communication Program. Through this program the hospital provides all employees with enough information to recognize materials that are considered hazardous and how to properly and safely handle such materials.

This program promotes the appropriate labeling of containers of hazardous chemical/substances. This labeling includes: the name of the chemical, the name address and emergency telephone number of the company that made or imported the chemical, the physical and health hazards, storage and handling instructions, recommended PPE (personal protective equipment) to be worn and the procedures to use when working with the chemicals.

The distributors and manufacturers of all hazardous chemicals or substances provide Material Safety Data Sheets (MSDS) to CDH. MSDS for department specific chemicals must be maintained on file in all departments. A hospital wide list of chemicals and back up material safety data sheets are available 24 hours at the switchboard.

Your responsibility as a CDH employee is to know what hazardous chemicals and substances are used in your department, how to handle these substances properly, and where to find the appropriate Material Safety Data Sheets.

## Emergency Preparedness (Emergency Response Plan)

CDH holds itself in readiness for the sick and injured of the communities we service. When a disaster strikes and people are injured, CDH is expected to respond by providing rapid emergency medical care.

The hospital's Disaster Plan is a set of procedures for responding to a disaster, which allows the staff to prepare, act, make decisions, coordinate, manage resources, and give the best care to our patients.

A disaster is any situation that overwhelms or threatens the normal operations of the hospital. Disasters have a variety of causes, all of which must be considered in effective emergency preparedness planning. Disaster situations can occur internally (within the facility) as well as externally (outside of the facility and off hospital grounds).

Authority to initiate the disaster plan lies with the administrator, emergency physicians and the administrative nursing supervisor on duty.

YOU are responsible for:

- Knowing your role as defined in the hospital-wide disaster plan and your department plan. Each department maintains and up-to-date Disaster Plan with special instructions and duties that relate to the employees of that department. The disaster plan is available on the intranet.
- Participating as required in the disaster drills held twice per year.
- Recognizing and responding to Disaster codes when they are announced.

When an internal disaster occurs, the switchboard operator will announce a **CODE YELLOW** over the paging system. If you are at home during the disaster and are needed, you will be contacted by phone. You should report to your assigned department and await instructions.



# PATIENT SAFETY

Questions? Contact Tammy Cole-Poklewski, Director, Care Mgmt., Stds. Compliance & Quality Improvement Ext. 4736  
Karen Lafleur Mgr. Risk Management Ext. 2027  
Beth Monaco, Mgr. Standards Compliance Ext. 2223

The following includes a summarized review of information, which every employee needs to know. If you would like further information speak to your manager or call Risk management Department at 582-2827.

## **Incident/Occurrence Reporting**

Admin. Policy#08-Reporting of patient or Visitor Incidents/Occurrences

Cooley Dickinson Hospital has an incident reporting system based upon an affirmative duty of all health care providers to report injuries and incidents in **writing within 24 hours of observation.** **When "serious incidents" occur the Risk Management Department must be notified immediately.** The hospital-approved Incident/Occurrence Report Form must be completed and forwarded to Risk Management Department.

## **Patient Rights and Responsibilities**

Admin. Policy#18-Patients' Rights

Clin Ops Policy #2.04-Identification of Victims of Abuse and Neglect, and Related Reporting.

Cooley Dickinson Hospital support and respect the rights and responsibilities of its individual patients. Neonatal, the child and adolescent patients are entitled to the rights and responsibilities either directly through their parents and/or legal guardians, which are guaranteed to all patients by the Patients Bill of Rights.

## **Complaint Process**

Admin Policy #2 – Response to Patient Complaints/ Concerns

Cooley Dickinson Hospital is committed to supporting the right of any patient, without fear of recrimination, to voice complaints about care received and to have complaints reviewed and, whenever possible, resolved. **All complaints will be investigated and a response forwarded to the complainant with seven days of receipt by the responsible department.** The Incident/Occurrence form will be used to document all complaints.

## **Equipment Malfunction & Defective Supplies**

Safety Policy SA 18-Removal of Unsafe Equipment.

Any equipment and/or supplies used in patient care, which become defective, are to be immediately taken out of service. If such equipment and/or supplies have been involved in a patient incident, they should be preserved for examination to determine the cause of malfunction. In compliance with the Safe Medical Devices Act of 1990, all medical equipment and supplies, which result in/or, has the potential to results in patient injury or illness will be reported to the manufacturer and the Food and Drug Administration. The Cooley Dickinson Hospital approved Incident/Occurrence Report Form must be completed and forwarded to the Quality & Risk Management Department.

## **Reporting Conduct of a Health Care Provider**

Human Resource Policy #3.03- Corrective action and Discipline ( employees)

Medical Staff Bylaws-Article VII: Actions Affecting Medical Staff Appointees ( medical staff)

Cooley Dickinson Hospital provides for reporting conduct of a health care provider that indicates incompetence in his or her specialty or conduct, which might be inconsistent with or harmful to good patient care and safety. The Incident/Occurrence Form will be used to document all complaints. The Quality and Risk Management Department shall be used to document all complaints. The Quality & Risk Management Department shall be responsible for assuring investigation, reporting, resolution, and follow up of all report.

If at any time you feel that concerns about the safety and quality of care are not being addressed appropriately, you may contact any one of the following oversight organizations. CDH will not take disciplinary action because an employee reports safety of quality of care concerns to an oversight agency.

Department of Public Health at <http://www.mass.gov/dph/feedback.htm>

Board of Registration in Medicine at <http://www.massmedboard.org>

The Joint Commission at [complaints@jointcommission.org](mailto:complaints@jointcommission.org) or by calling 1-800-994-6610.

# INFECTION PREVENTION

**Questions ? Contact Linda Riley, Infection Prevention Coor. Ext. 2135**

The CDH Infection Prevention Committee oversees the hospital's program to monitor infection problems and coordinate efforts to decrease risk. The Infection Prevention Committee is made up of physicians, nurses and representatives from other hospital departments.

## Hand Washing

**The single most important thing you can do to prevent the spread of infection is to clean your hands.**

Hands must be cleaned in all of the situations listed below:

- With **soap and water for 15 seconds**:
  - When visibly dirty
  - When contaminated with blood or body fluids
  - Before eating
  - After using the bathroom
- **Alcohol foam** is preferred for the following occasions:
  - Before having direct contact with patients
  - After direct patient contact
  - Between patients in the same room
  - After removing gloves
  - After touching objects in the patient's environment
  - Before doing procedures like starting IVs, inserting catheters, etc.
  - If moving from a dirty body site to a clean body site during patient care
- It is acceptable to use soap and water in the above situations however.

***Foam In*** and ***Foam Out*** is a quick mental reminder to clean hands before and after care.

Use a quarter size dollop of foam. It should dry in 15 – 25 seconds.

## Precautions/Isolation

Transmission based precautions (airborne, contact and droplet) are used when a patient has an infectious illness that could be given to other patients or staff.

**Look for the red STOP sign and poster** on the patient's door and use the equipment indicated if you need to enter the room.

Refer to the Infection Prevention Manual on the hospital intranet for more information.

## Employee Illness

Occasionally employees may develop an infection that can be passed to patients and co-workers. If you have a contagious illness, stay home until you are well. Call Employee/Occupational Health at 582-BUGS and report your symptoms and department. This can be done anonymously and helps us identify hospital "epidemics." Please remember, contagious illnesses that you recover from quickly can be life threatening to some of our patients.

Anyone who comes in contact with patients is highly encouraged to get a flu shot every fall. This can prevent both you and your patients and family from getting the flu. And no, the flu shot will not give you the flu.

## Blood borne Pathogens

OSHA's Bloodborne Pathogen standard addresses the specific group of diseases that are spread through contact with infected blood and/or body fluids.

- Available in the Exposure Control Plan in the Infection prevention Manual on the intranet.
- The Exposure Control Plan spells out the steps CDH takes to protect its employees from work related exposure to blood or other potentially infectious materials.

## WHAT'S IN THE EXPOSURE CONTROL PLAN?

Policies for:

Job classification	Safe work practices
Standard precautions	Environmental cleanliness
Hepatitis B vaccine	Infectious waste
Training	Reporting

### JOB CLASSIFICATION

**OSHA Category I** employees have the risk of occupational exposure to blood and body fluids.

- Blood products (such as plasma)
- Semen
- Vaginal secretions
- Fluid in the uterus of a pregnant woman
- Fluids surrounding the brain, spine, heart and joints
- Fluids in the chest and abdomen
- Other fluids containing visible blood

### WHY BE CONCERNED ABOUT BLOOD/BODY FLUID EXPOSURE?

- **HEPATITIS B (HBV):** Viral illness causing weakness, loss of appetite, fever, headaches, jaundice (yellow skin and eyes), dark urine, and pain in muscles, joints, and the stomach. May have no symptoms. **Free vaccination (3 shots) available for all OSHA Category I employees.**

- **HEPATITIS C (HCV):** Chronic viral illness causing jaundice, fatigue, dark urine, abdominal pain, nausea, and loss of appetite. May have no symptoms but serious liver damage may occur. **No vaccine or post exposure prevention available.**
- **HIV INFECTION:** Virus which attacks the immune system and shuts it down. Symptoms of initial infection: flu like symptoms that may occur weeks to months after infection. Ongoing symptoms may include diarrhea, serious respiratory infections, and other infections. **Currently no vaccine. Post exposure preventive drugs should be started as soon as possible exposure but they may not prevent getting HIV.**

### **THESE DISEASES ARE:**

**Spread in the general population by:** Sharing needles, sexually, and mother to infant before or during birth.

**Spread to healthcare workers by:** Needlestick/sharp injuries from infected patients, splashes of blood or body fluids to mucous membranes, open cuts or dermatitis.

Many people may be carriers of HBV, HCV, or HIV. They may not know they are infected or they may choose not to tell. **THAT IS THE MAIN REASON WHY WE PROTECT OURSELVES - TO PREVENT EXPOSURE TO BLOOD/BODY FLUIDS WHEN CARING FOR ALL PATIENTS!!**

## **HOW WE PROTECT OURSELVES**

### **STANDARD/UNIVERSAL PRECAUTIONS**

- Basic precautions used to prevent employee exposures.
- Used with ALL patients.
- Includes engineering controls, safe work practices and the use of personal protective equipment (PPE)

***Safe working practices mean incorporating infection prevention strategies into your everyday work routine.***

### **WHAT IS AN ENGINEERING CONTROL?**

- A physical or mechanical system that eliminates hazards from the workplace.
- Examples: sharps containers, safety syringes, needleless IV systems, blood drawing equipment with safety device, Plexiglas shields in labs, tightly covered containers for transporting used surgical instruments.

### **WHAT ARE WORK PRACTICE CONTROLS?**

- Changing the way you do your job to make it safer.
- Examples: hand washing ; proper disposal of needles in sharps containers and **NOT** in waste containers or linens; no food, drinks, cosmetics in patient care areas.

### **WHAT IS PERSONAL PROTECTIVE EQUIPMENT (PPE)?**

- Equipment or specialized clothing used to protect employees from blood/body fluids.
- Includes gloves, gowns, aprons, goggles/face shields, and emergency resuscitation devices.
- Assess each situation/procedure to determine what PPE is necessary to protect against exposure.

## WHAT TO DO IF YOU HAVE AN EXPOSURE

- Three things you should do **immediately**:
  1. Wash the area immediately.
  2. Report the incident to you supervisor.
  3. Get medical help.
  
- Go to Employee/Occupational Health 7:30am – 4:00pm Monday through Friday.
- Go to the Emergency Department when Occupational Health is closed.
- Off site staff should not wait until the end of the shift to report for treatment. Contact your supervisor to make arrangements to come in right away for treatment.
- Fill out an *Employee Incident Report for Work Related Injury*

# HARASSMENT

## Questions? Contact your Manager or HR Generalist

Harassment is any form of conduct or comment that creates an intimidating, hostile or offensive work environment, adversely affects an individual's employment relationship or denies an individual dignity and respect based upon race, color, religion, gender, national origin, age, sexual orientation, or disability. Sexual Harassment is any unwelcome words or actions of a sexual nature. This includes verbal comments, suggestive looks or touching. Sexual Harassment can come for anyone including a supervisor, co-worker, patient, visitor or vendor.

It is harassment when the harasser knows or ought to reasonably have known that the behavior was offensive to the person at whom the behavior was directed.

Several examples of sexually harassing behaviors are as follows:

Verbal	Threats, whistling at someone, making sexual comments or innuendoes, telling sexual jokes or stories
Non-Verbal	Suggestive gestures or looks, staring or leering, blocking a person's path or following the individual, displaying sexually suggestive pictures in the work place
Physical	Touching the person's clothing, hair or body, hugging, kissing, or squeezing someone

Harassment in any form is unprofessional and will not be tolerated. If you feel that you are being harassed or discriminated against:

- Confront the harasser (if you feel safe in doing so) – clearly state that the behavior offends you and that you want it do stop.
- Inform management of the situation by contacting:
  - Your supervisor
  - Your supervisor's superior/director
  - Human Resources by calling (413) 582-2241
  - Vice President of Human Resources by calling (413) 582-2243
  - On nights, evenings, weekends or holidays, contact the Administrator on Duty at (413) 582-2000.
  - You have the option of contacting:

MA Commission Against Discrimination 436 Dwight Street Springfield, MA 01103 (413) 739-2145	Equal Employment Opportunity Commission Congress Street 10 <sup>th</sup> Street Boston MA 02114 (617) 565-3200
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- Keep a record – write down the details and who witnessed

## POLICY: HARASSMENT 3.13

### I. Purpose

Cooley Dickinson Healthcare Corporation is committed to maintaining a work environment that is free of harassment and discrimination. In keeping with this commitment, unlawful or unwanted harassment of our employees by anyone will not be tolerated. Any harassment will not be tolerated whether while engaged in business or related business activities on or off the corporation's property.

### II. Policy

In an effort to prevent sexual and other forms of harassment and discrimination from occurring, this harassment policy will be administered according to the following guidelines.

### III. Scope

This policy applies to employees, and volunteers at all levels inclusive of volunteers, visitors, vendors and the like of all corporations of Cooley Dickinson Health Care Corporation (CDHCC).

### IV. Definitions

#### A. Sexual Harassment

1. Sexual harassment is a form of discrimination and is unlawful under Title VII of the Civil Rights Act of 1964. According to the Equal Employment Opportunity Commission (EEOC), sexual harassment is defined as "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:
  - a. Submission to such conduct is made as a term or condition of an individual's employment;
  - b. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
  - c. Such conduct has the purpose or effect of interfering with an individual's work performance, or creating an intimidating, hostile, or offensive working environment.
2. Sexual harassment may but is not limited to include sexual propositions, sexual innuendo, suggestive comments, sexually oriented "kidding" or "teasing", "practical jokes", jokes about gender-specific traits, foul or obscene language or gestures, displays of foul or obscene printed or visual material, and physical contact; such as patting, pinching or brushing against another's body.

#### B. Harassment

1. Harassment is a form of discrimination, and is unlawful under Title VII of the Civil Rights Act of 1964. According to the Equal Employment Opportunity Commission (EEOC), harassment is defined as "verbal or physical conduct that shows hostility or aversion

toward an individual based upon race, color, religion, gender, national origin, age, sexual orientation, physical ability, marital, or any other protected status that has:

- a. The purpose or effect of creating an intimidating, offensive, or hostile working environment;
- b. The purpose or effect of unreasonably interfering with an individual's work performance;
- c. The purpose of adversely affecting an individual's employment opportunities.

### C. Discrimination

1. Discrimination is to create discriminatory work conditions, or to use discriminatory evaluative standards in employment if the basis of that discriminatory treatment is, in whole or in part, on the basis of race, color, creed, national origin, gender, sexual orientation, religion, marital or veteran status, age, ancestry, disability (if able to perform the essential functions of the position with or without reasonable accommodation) or any other grounds prohibited by applicable law.
2. A variety of federal, state, and local laws, including Title VII of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; and the Americans with Disabilities Act of 1990 may also strictly prohibit discrimination of any kind. This policy is intended to comply with the prohibitions stated in these anti-discrimination laws.

### V. Procedures

- A. It is a violation of this Policy to engage in harassing or discriminatory behaviors as defined above.
- B. Discrimination and/or harassment, in violation of this Policy will be subject to severe sanctions up to and including termination of employment.
- C. Any employee or volunteer who feels he/she has experienced or witnessed discrimination or harassment of any type at work by anyone, including, but not limited to supervisors, co-workers, physicians, other volunteers, patients, visitors, or any other non-employee is strongly encouraged to bring the problem to the attention of his/her supervisor, the Vice President of Human Resources, or the Human Resources Generalist/Representative. These individuals can be accessed in the Human Resources Department of Cooley Dickinson at the following telephone numbers:
  - 1) Vice President of Human Resources: 582-2243
  - 2) Human Resources/Generalist Representative: 582-2241
  - 3) Or if it is in the evening or on a weekend or holidays, contact the Administrator on duty at the following number: 582-2000.

These individuals may be consulted initially, or at any point of a complaint, if the employee is uncomfortable speaking with his/her supervisor. Any supervisor or employee who receives a complaint of this harassment must bring the complaint to his/her supervisor, the Vice President of Human Resources, the Human Resources Generalist/Representative, or to the Director or Senior Manager of the Department.

- D. All complaints will be promptly and thoroughly handled in a manner similar to Cooley Dickinson's grievance handling process conducted by the Human Resources Generalist/Representative, or the Vice President of Human Resources. All employees should be aware that the matter would be handled confidentially, to the extent practicable.
- E. Retaliation against any employee or individual who has filed a complaint of harassment or any employee or individual who participates in the investigation of a harassment complaint is unlawful. Any complaint or suspicion of retaliatory behavior, which is substantiated, will result in disciplinary action, up to and including discharge of those involved. If a vendor is involved, the business relationship with the organization may be concluded.
- F. It is the desire of the corporation for individuals to bring concerns of this sort to the attention of the organization as soon as possible for review and resolution. Further concerns and/or questions may be referred to the following agencies:

- G. Massachusetts Commission Against Discrimination  
436 Dwight Street  
Springfield, MA 01103

- Equal Employment Opportunity Commission  
Congress Street – 10<sup>th</sup> Street  
Boston, MA 02114  
(617) 565-3200

#### VI. Cross Reference

Employment Procedures, Policy 1.09; Equal Employment Opportunity, Policy 1.15  
Ethical Conduct Policy 3.09

VII. Reviewed and Approved by  
President/Chief Executive Officer

# CDHCC Policies & Procedures

## Questions ? Contact your Manager or HR Generalist

Cooley Dickinson Health Care Corporation (CDHCC) has implemented policies and procedures that pertain to your employment. These policies are located on the Cooley's intranet (<http://intranet.cooley-dickinson.org>) and can be accessed from CDHCC computers.

It is every employee's responsibility to adhere to the CDHCC policies and procedures. Employee should contact your Manager or Human Resources at ext. 2241 if you have any questions.

For your information, three policies are summarized below.

### **Controlled Substance and Drug Testing (HR Policy 1.05)**

To maintain a safe, drug-free work environment conducive to effective business operations, Cooley Dickinson Health Care Corporation (CDHCC) requires that its personnel and operating practices be consistent with the highest standards of health and safety.

An employee's unlawful use, possession, purchase, distribution, dispensation, manufacturing, or being under the influence of any illegal drug without medical authorization during the work day while on CDHCC premises or while performing services for CDHCC is strictly prohibited.

This policy applies to employees at all levels of all corporations of Cooley Dickinson Health Care Corporation (CDHCC).

#### **Types of Testing:**

##### ***Pre-Employment Testing***

CDHCC requires pre-employment, post-offer drug testing. This test may include blood, urine, hair or other specimen testing. An individual's refusal to submit voluntarily to a test will preclude employment with CDHCC. In the event that an applicant tests positive, he/she may re-apply for employment with CDHCC after a period of one year from the date of the positive test.

##### ***Reasonable Suspicion Testing***

Reasonable Suspicion drug testing shall be conducted when CDHCC has determined that an employee is under the influence of drugs according to the criteria provided in the Employee Assistance Supervisory/Training Program. Once reasonable suspicion has been established, a urine specimen for drug testing shall be collected as soon as reasonably possible. An employee refusing to submit to drug testing shall be discharged.

##### ***Post-Accident Testing***

An employee shall have a drug test when the employee is involved in a workplace accident and if the employee caused or contributed towards the cause of the accident. Once it has been determined that post accident testing is warranted, a urine specimen for drug testing shall be collected as soon as possible. An employee who is given a post-accident drug test shall not return to work until the results of this test have been verified negative by the Medical Review Officer. Employees with a verified negative test result will be paid for scheduled time lost. An employee refusing to provide a specimen for drug testing will be discharged.

*The information above is a summary of HR Policy 1.05. The complete policy is listed on the intranet.*

## **Corrective Action and Discipline (HR Policy 3.03)**

All employees of Cooley Dickinson Health Care Corporation (CDHCC) are expected to accept personal responsibility for maintaining reasonable standards of conduct, attendance and job performance and for observing established rules and policies. CDHCC's goal is to retain employees who provide quality and excellent care and service to our patients and our community. This policy is to define the conditions and procedures for application of the Corporation's Corrective Action and Discipline process should the need arise.

CDHCC maintains a progressive corrective action and discipline process in order to ensure that employees who fail to meet or maintain acceptable standards of conduct, job performance, or attendance will receive fair and equal treatment in the application of corrective action and discipline, which is consistent with the nature, seriousness, and frequency of the offense or shortcoming.

This policy applies to employees at all levels of all corporations of Cooley Dickinson Health Care Corporation (CDHCC).

In general, corrective action is applied to issues concerning:

1. Attendance
2. Performance
3. Misconduct

And, is applied in progressive steps as follows (steps may be skipped based on the severity or impact of an issue).

1. Coaching
2. Oral Warning
3. Written Warning
4. Final Written Warning or Disciplinary Suspension
5. Termination of employment

The list above of recommended actions is provided for the purpose of general guidance only. Each incident or problem is to be considered separately and action may be taken which deviates from this list. Managers should contact the Human Resources Generalist/Representative if a question exists as to the appropriate action to be taken.

In general, the following are the procedures for each step. Depending on the severity of the attendance, misconduct, or performance issue, a manager/ supervisor may opt to progress to a more serious step in the process. In those instances, the manager/supervisor will consult with a Human Resource representative before proceeding.

Violations of the Ethical Conduct policy will serve as grounds for immediate dismissal.

### **Introductory Period**

The first ninety (90) days of employment is a critical time for Managers/ Supervisors to assess an employee's suitability to the new job. In cases in which the employee has demonstrated an inability to meet the requirements of the job to which he/she is assigned, the manager/supervisor will ascertain whether the employee's poor performance or related issues are due to deficiencies in skill and/or ability or to behavioral problems. The manager/supervisor will attempt to resolve the problem by informal discussion with the employee, ensuring that the employee fully understands what is expected and, when necessary, following up with reminders. During this time, the

manager/supervisor must consult Human Resources to discuss the issue. In instances where it is agreed that improvement is possible, a performance improvement plan for the employee will be established by the manager/supervisor, who will then meet with the employee to outline the period of improvement by which the behavior and/or performance must improve or discharge of the employee will occur.

### **Promotion and Transfer Impact**

Employees are not eligible for promotion or to apply for a transfer for a period of twelve (12) months following the issuance of corrective action. If an employee transfers to another department, a performance review to date should be conducted by the current supervisor. Once in the new assignment, a new probationary period will be in effect for the employee, and the new manager will be responsible for conducting performance evaluations at anniversary date.

### **Retention of Corrective Actions**

All written corrective action warnings become a permanent part of the employee's file. Written corrective actions include formal verbal warnings which have been documented. Written corrective actions and final written corrective actions shall be in effect according to the following schedule:

Written Warnings (including verbal warnings which have been documented)	Final Written
12 months from date of issue	18 months from date of issue

Should any violations occur within these prescribed timeframes, the next appropriate level of disciplinary action shall be applied.

*The information above is a summary of HR Policy 3.03. The complete policy is listed on the intranet.*

## **Ethical Conduct (HR Policy 3.09)**

Cooley Dickinson Health Care Corporation (CDHCC) is committed to providing the highest quality of care and services and a safe and ethical environment for our patients, employees, guests, volunteers, and business associates. CDHCC will not condone or tolerate behavior, which may interfere with our primary mission of high quality care for patients.

This policy applies to all employees, volunteers, physicians, dentists, visitors and business associates.

Irrational or unprofessional behavior will necessitate the immediate removal of the individual concerned from patient care or other facility areas.

The following offenses are considered as cause for immediate dismissal and shall be reported to the appropriate senior manager and/or the Vice President of Human Resources.

This list is representative, but is not exhaustive:

1. Abuse or inconsiderate treatment of a patient, fellow employee, or any other third party
2. Any violation of the Massachusetts Nurse Practice Act or any other professional standards
3. Non-verbal and/or physical contact of an aggressive and/or unwelcome nature
4. Mistreatment
5. Assault
6. Neglect

7. Inappropriate, foul, offensive, crude, vulgar language to include swearing
8. Revealing confidential information regarding patients, employees, physicians, financial issues, or any data obtained from the Corporation's information systems or any other violation of the Confidentiality Policy.
9. Any violation of the Patient Rights Policy, Administration Policy 18
10. Physical assault on CDHCC premises
11. Immoral conduct, indecency, threats or intimidation
12. Harassment
13. Insubordination or refusal to accept a justifiable job assignment
14. Impairment due to the influence of alcohol, drugs or narcotics
15. Possession of firearms, fireworks, weapons, and/or explosives on CDHCC property
16. Possession of illegal drugs and/or the use of alcohol while on CDHCC property
17. Theft
18. Conviction of a felony, serious misdemeanor or other serious crime
19. Falsifying CDHCC records, including but not limited to tampering with time records
20. Unauthorized use of or willful and deliberate damage of CDHCC property
21. Violation of safety rules and practices
22. Fraud
23. Violation of appropriate business use for electronic technology or communication
24. systems
25. Disregard for established CDHCC policies and rules.
26. Fraternalization with patients after hours is discouraged, as are business dealings with patients during business hours. It is important to maintain a separate and distinct professional image to the patient. For hospital employees assigned to the Behavioral Health department (both the inpatient and outpatient centers), the non-fraternization standard is expanded to an absolute prohibition of non platonic relations with any current BH patient and for a minimum of three (3) months from the date of the patient's discharge. Current patients shall include all patients who are presently being treated.

Corrective Action may occur for causes other than those listed above, which may lead to one's discharge of employment.

*The information above is a summary of HR Policy 3.09. The complete policy is listed on the intranet.*



# Disruptive and Inappropriate Behaviors: Policy 3.10

- Cooley Dickinson Health Care Corporation (CDHCC) is committed to promoting a mutually respectful work environment where every individual within the facility is treated with courtesy, respect and dignity.
- All individuals, employees and medical staff members shall conduct themselves in a professional and cooperative manner.



# Disruptive and Inappropriate Behaviors

- Disruptive and/or inappropriate behaviors will not be tolerated at CDHCC.
- Disruptive behavior shall include any manner of interaction with physicians, hospital personnel, patients, family members or others that interferes with patient care.



# Disruptive behavior includes:

- Verbal or physical attacks that are personal or go beyond the bounds of fair professional conduct,
- Name calling,
- Nonverbal behavior that is threatening or vulgar,
- Inappropriate comments or illustrations made within patient medical records or other official documents,
- Non-constructive criticism addressed to its recipient in a manner that intimidates, belittles or otherwise harasses,
- Unwillingness to work with or inability to relate to other staff in ways that affect patient care,
- Throwing instruments, charts or other objects,
- Criticizing healthcare providers in front of patients or other staff members.



# Disruptive behavior includes:

- Retaliation against any staff member of CDHCC who reports an instance of violation of the Code of Conduct or who has participated in the investigation of such an incident shall not be tolerated.



# Responding to Disruptive Behavior

Attempt to de-escalate the situation:

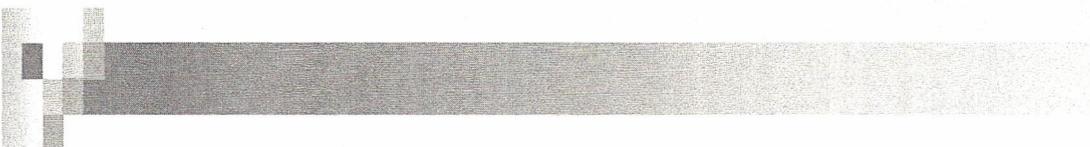
- Immediate responses might include statement such as:
  - “I can’t answer you while you are yelling; if you lower your voice, I can respond; I find your behavior unacceptable; or
  - I am not sure this situation can be resolved at this time, but I would like to discuss it further with you in a less stressful environment.”
- Move the conflict away from patient care/public areas
- Move closer to other staff and call a manager/supervisor if behavior feels threatening



# Responding to Disruptive Behavior

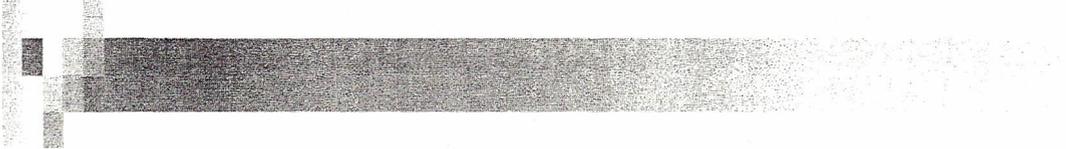
## Report the Incident:

- Any member of the hospital community may report potentially disruptive conduct.
- The individual reporting such conduct does not need to be directly involved with conduct but may be an observer of such conduct.



# Response to Reports

1. Reports of improper or disruptive conduct will be investigated by the Human Resources Department in conjunction with the Supervisor/Manager.
2. If the investigation demonstrates that a pattern of disruptive behavior is developing, the Supervisor/Manager along with a HR representative shall discuss the matter with the offending party.
3. If the behavior continues, the Supervisor/Manager along with HR representative shall meet with and advise the offending party that such conduct is intolerable and must stop. The employee will be given a final written warning.
4. Continued improper/disruptive conduct may be grounds for immediate termination.



# Policies

- Full policies are located on the Intranet under Human Resources.
- If you have any questions, please contact your supervisor/manager or HR.

# PERFORMANCE MANAGEMENT

## Questions ? Contact your Manager or HR Generalist

Ensuring that we deliver quality care to our patients requires Cooley Dickinson to be methodical and consistent in setting clear expectations regarding each employee's responsibility to perform his/her own job responsibilities.

The hospital has established new employee unit/department orientation, competency assessment and performance evaluation processes that are critical to maintaining the highest possible standards for our organization and staff. These processes are the collective responsibility of all managers and employees and have been implemented so that we can be certain of continually doing the right things well.

These processes are important because:

- They help to protect patients and deliver quality outcomes.
- They serve to constantly develop the knowledge, skills and abilities of employees throughout our organization.
- They are key to complying with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

### **New Employee Unit/Department Orientation**

- Occurs during the first 30-days of employment
- Process of introducing employees both to the CDHCC and more specifically, to their department.

### **Competency Assessment**

- Validates an employee's ability to satisfactorily carry out the essential responsibilities of the job.
- Competence Assessment is based on a simple pass or fail measure.

### **Performance Evaluation**

- Addresses conformance to employee's obligations, attainment of goals, support of organizational mission and values, and behavioral expectations.
- Rated for each characteristic are aligned with our organizational strategic objectives.
- Occurs after the 90-day probationary period and then annually.

# BECOME

## **Build Partners**

I reach across boundaries to collaborate with others.

## **Extend Trust**

I extend trust and commit each day to be worthy of yours.

## **Change Now**

I encourage and embrace change and consistently ask what else I can do to achieve CDHCC goals.

## **Own It**

I step up and take responsibility for our results.

## **Model Excellence**

I seek and provide feedback and coaching, lead by example, and share my knowledge to achieve our desired results.

## **Exceed Expectations**

I create a positive experience for every patient and family.

*Thank you for making a choice to work at Cooley Dickinson!  
You are an essential part of making CHDCC a model hospital for our community.*