



## HOCKING VALLEY Community Hospital

Thank you for your interest in applying for a student experience at Hocking Valley Community Hospital. Our dedicated team has a passion for healthcare and loves being involved in the community by assisting with the future of healthcare.

Please take a few minutes to complete the application and return it a minimum of 4 weeks prior to your anticipated start date. Once your application has been reviewed by the Education Department and Senior Leadership Team, you will be notified of the decision regarding your student experience request.

Again, thank you for your interest in applying for a student experience at Hocking Valley Community Hospital. We look forward to meeting you and having the opportunity to develop a personal and professional relationship with you!

Respectfully,

Kandy Fizer, MSN, RN  
Director of Education  
[kfizer@hvch.org](mailto:kfizer@hvch.org)  
740-380-8384



CHOOSE a JOB YOU LOVE. and YOU WILL never  
HAVE TO WORK ANOTHER DAY IN YOUR LIFE.  
-CONFUCIUS





**HOCKING VALLEY**  
Community Hospital

**UNPAID STUDENT EXPERIENCES AVAILABLE**

Please read through the descriptions and choose the one that best applies to your situation.

**Observation – Clinical**

Observing in an actual workplace to gain exposure to a particular occupation or profession. Anyone 18 years or older with imminent plan to apply to a PT, OT, ST, Radiology, Respiratory, Lab Technician, NP, PA program that requires observation hours as part of the application process. No direct patient care contact; observation only. Limited to number of hours required for application.

**Educational Experience**

An official program of a health-related field of study, typically at the college level, to provide specific clinical experiences for students. College students only. Must be at least 18 years of age. Educational Affiliation Agreement between the school that the student is attending and Hocking Valley Community Hospital to provide student experiences. Direct patient contact. Access to the Hospital's Electronic Health Record, when requested.

Please email or send completed student application and documentation directly to:

Hocking Valley Community Hospital:

Attention: Kandy Fizer  
601 State Route 664 North  
Logan, Ohio 43138

Email: [kfizer@hvch.org](mailto:kfizer@hvch.org)



HOCKING VALLEY  
Community Hospital

**HOSPITAL REQUIREMENTS**

The table below lists the required documentation and items needed for any student at Hocking Valley Community Hospital. All of these requirements need to be completed and turned into the Education Department **a minimum of 4 weeks prior to your anticipated start date.**

<b>Required documentation</b>	<b>Observation - Clinical</b>	<b>Educational Experience</b>
Student application	X	X
Confidentiality statement	X	X
Coronavirus consent	X	X
Computer security	N/A	X
Orientation post-test	X	X
Current TB test	X	X
Current Flu vaccine	X	X
COVID-19 vaccination	X	X

**Student application:** Students must complete the student application.

**Confidentiality statement:** Students must sign this form and return with application.

**Coronavirus consent:** Students must sign this form and return with application.

**Computer security:** To be signed when access to computer systems are needed and returned with application.

**Orientation post-test:** Please review the General Hospital Orientation information provided, complete the post-test, and return with application.

**TB test:** Student must provide proof of a two-step negative TB test or Quantiferon TB-Gold blood test. If you are in a school program, they may provide the testing and/or have it on record. If you have not received a TB test, they may be obtained from your private physician or local health department. This needs to be submitted with your application.

**Flu vaccine:** Student must provide proof of the flu vaccine for the current year. If you have not received your flu vaccine, they may be obtained from your private physician or local health department. This needs to be submitted with your application.

**COVID-19 Vaccination:** Student must provide proof of a COVID-19 vaccination or request an exemption form (medical or exemption) from the hospital.



**HOCKING VALLEY  
Community Hospital**

**STUDENT APPLICATION**

**PERSONAL INFORMATION:**

Date:

Student Name:

Address:

Phone #:

City/State/Zip:

Email:

Check here if you are under 18:

Birthdate:

*Parent signature needed if under 18*

**REQUEST:**

Student experience requesting → Please check the appropriate box below

**Observation - Clinical**

**Educational Experience**

Number of Hours Requesting:

Department:

Have you made contact with this department?  Yes  No

If yes, to question above – Contact name:

Rotation/Specialty:

Start Date:

End Date:

Goal of student experience:

Will you be completing rotations at any other facilities during the time of your student experience at Hocking Valley Community Hospital?  Yes  No

If yes, to question above – Name of facility:

**SCHOOL INFORMATION:**

School Name:

Instructor:

Instructor Email:

Phone:

Program of Study:

Anticipated Graduation Date:

*In consideration of my unpaid student experience at Hocking Valley Community Hospital, I agree to comply with the rules and regulations of the facility. I understand that my unpaid student experience can be terminated at any time and for any reason, at the option of the facility, the school, or myself. I understand that this unpaid student experience does not enter me into an agreement of employment with Hocking Valley Community Hospital. I hereby affirm that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from this unpaid student experience. I hereby authorize persons and schools named in this application to provide this facility with any relevant information regarding my unpaid student experience, and I release all such persons from any liability regarding the provision or use of such information.*

Signature:

Date:

My typed name above shall have that same force and effect as my written signature. Your signature verifies that you have read and understand all of the information provided and hereby agree to adhere to the rules and regulations of the facility.

Please email or send completed student application and documentation directly to:

Hocking Valley Community Hospital:

Attention: Kandy Fizer  
601 State Route 664 North  
Logan, Ohio 43138

Email: [kfizer@hvch.org](mailto:kfizer@hvch.org)



**HOCKING VALLEY  
Community Hospital**

**CONFIDENTIALITY STATEMENT**

**To be signed by each student as a condition of participation in any shadowing/observation/internship/practicum experience**

I understand that as a student completing my shadowing/observation/internship/practicum experience at Hocking Valley Community Hospital (“HVCH”), I may be exposed to Confidential Information (as defined below) regarding patients and financial or other business information produced by or held by HVCH. During the term of my experience with HVCH and any related activities, and for any time thereafter, I shall not directly or indirectly, make or cause to be made, any disclosure or release of any Confidential Information to anyone not authorized by HVCH. For purposes of this agreement, the term “Confidential Information” means any patient, business, medical, or financial information not generally known to the public at large regarding patients, employees and physicians of HVCH and the business and operations of HVCH. Any unauthorized disclosure of Confidential Information by me shall constitute grounds for immediate termination from all student experiences at HVCH and may be grounds for legal action against me by the affected parties and possible criminal charges.

Signature:

Date:

My typed name above shall have that same force and effect as my written signature. Your signature verifies that you have read and understand the information provided and hereby agree to adhere to the rules and regulations of the facility



## HOCKING VALLEY Community Hospital

### **Informed Consent and Release Regarding Coronavirus (COVID-19)**

The purpose of this form is to inform you about the risks regarding the Coronavirus and your education experience at Hocking Valley Community Hospital (“HVCH”).

**What is Coronavirus?** Coronavirus, or COVID-19, is a respiratory illness caused by a novel (new) coronavirus that can spread from person to person. To protect yourself, you should follow the same steps that help to prevent other illnesses, like the flu. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes.

**What have we done to protect you from Coronavirus?** The health and safety of our patients and staff is our top priority. We have taken additional steps to help protect everyone at the Hospital:

1. All of our personnel utilize appropriate personal protective equipment (“PPE”) and follow current guidelines regarding infection control.
2. We have limited visitors and other people from accessing the hospital and physician offices to limit the spread of the disease.
3. In addition to our normal, very thorough cleaning and disinfecting procedures, we have implemented cleaning procedures specifically directed at the Coronavirus.
4. We perform daily health checks on all of our staff. Any staff member who shows any signs or symptoms of Coronavirus is not permitted to work.
5. We have followed all Federal, State, and Local guidelines given during the current Coronavirus pandemic.

**Risks associated with the Coronavirus:** The Coronavirus can be acquired when you come into contact with any person who is infected. One of the problems with this disease is that many people who are infected do not show any signs or symptoms (asymptomatic). Therefore, you may be exposed any time you interact with another person, whether at the local store, gas station, your workplace, or at the hospital. While we have taken every precaution to make HVCH as safe as possible, we cannot guarantee that the Hospital is free of Coronavirus or asymptomatic individuals. Simply put, you may contract Coronavirus anywhere other individuals are, including HVCH.

**Individuals at Higher Risk:** People are more at risk for Coronavirus if they live in or have recently traveled to places where ongoing community spread of the virus has been reported, OR if they have been in close contact with someone diagnosed with Coronavirus. In addition, some people are at higher risk for serious illness from Coronavirus, including:

1. People who are 60 and older.
2. People with underlying health conditions, including heart disease, lung disease, or diabetes.
3. People with weakened immune systems.
4. People who are pregnant.

If you fall into one of these categories, please make sure you discuss this situation with your HVCH supervisor prior to your rotation.

### **Release**

By signing below, I release HVCH, its successors, agents, employees, and assigns, from any and all claims, damages, costs, liability and expenses for any exposure to the Coronavirus that may occur to me during my educational experience at HVCH.

### **Confirmation of Understanding and Statement of Consent by Student**

I have read and understand this Consent and Release and have been able to ask questions about my education experience at HVCH. All of my questions and concerns have been addressed. I agree to abide by all policies and procedures of HVCH, including but not limited to:

1. I will follow all PPE and infection control (including the handwashing policy) policies;
2. I will immediately report to my HVCH supervisor if I experience any signs or symptoms of Coronavirus;
3. I will undergo a health screen prior to the start of any shift at HVCH;
4. I will immediately inform my HVCH supervisor if I have been exposed to any person known to have Coronavirus, whether at the Hospital or elsewhere.

Signature:

Date:

*My typed name above shall have that same force and effect as my written signature. Your signature verifies that you have read and understand the information provided and hereby agree to adhere to the rules and regulations of the facility.*





**HOCKING VALLEY  
Community Hospital**

**STUDENT SYSTEMS ACCESS SECURITY AGREEMENT**

I \_\_\_\_\_ (name of student) have read, understood, and will comply with the following:

1. I understand that my system access is a function of my official duties and student status:
- a. All access to Information Systems is subject to monitoring and logging.
  - b. Accounts can be disabled or revoked at any time – with or without notification – in the interest of network security.
  - c. User shall manually lock unattended computers.
  - d. Personally owned mobile devices may not be connected to non-public, company owned wired or wireless networks. Mobile devices include, but are not limited to, laptops, smart phones, tablets, USB storage, etc.
  - e. All information stored on Hocking Valley Community Hospital is the property of Hocking Valley Community Hospital.
2. I am required to protect my accounts, passwords, system and any information that I access:
- a. All access to Information Systems is tracked and monitored.
  - b. User may not share information pertaining to their user ID, passwords, personal identification numbers, etc. and may not ask for use of another person's identification and authentication information.
  - c. If user believes that their user identification and/or password have been compromised, they must report the incident immediately to Information Service.
3. I agree to utilize workstation precautions.
- a. I will not eat or drink at workstation.
  - b. I will not insert any device into HVCH equipment unless instructed by Information Services. This includes USB drives and charging cables, earphones, microphones, CD/DVDs.
  - c. Do not access information not needed for your student experience.

I understand that non-compliance may lead to dismissal from my student experience at the Hocking Valley Community Hospital.

Signature:

Date:

*My typed name above shall have that same force and effect as my written signature. Your signature verifies that you have read and understand the information provided and hereby agree to adhere to the rules and regulations of the facility.*



HOCKING VALLEY  
Community Hospital

**GENERAL HOSPITAL ORIENTATION**  
**Post-Test**

**Review the General Hospital Orientation information provided in the following pages prior to answering the post-test questions.**

1. Name one of the Hospital's six pillars.
2. Name two of the Standards of Behavior.

and

For questions 3-7 indicate the letter that matches the proper fundamental of service.

- |                 |                                     |
|-----------------|-------------------------------------|
| 3. Acknowledge  | A. Show appreciation                |
| 4. Introduction | B. Make eye contact and smile       |
| 5. Duration     | C. Be conscious about time          |
| 6. Explanation  | D. Share your name and department   |
| 7. Thank you    | E. Answer any questions or concerns |

8. Service Recovery is making something right after something goes wrong.

True  False

9. Patients have a right to control who has access to their personal and private health information.

True  False

10. It is okay for employees and/or students to use tobacco products on the Hospital's campus.

True  False

11. What is the Fire Safety acronym utilized at HVCH?

12. An important aspect of electrical safety is to turn equipment off before plugging or unplugging.

True  False

## GENERAL HOSPITAL ORIENTATION

### Post-Test - Continued

13. Violence in the workplace will not be tolerated at HVCH and should be reported immediately.  True  False
14. Name a bloodborne disease.
15. What number do you dial from any telephone within the facility for emergency paging?
16. Your response to an active shooter situation should be RUN-HIDE-
17. What is the #1 way to prevent the spread of infection?
18. What length of time should you rub your hands vigorously together when washing your hands with soap and water?
19. If your hands are not visibly soiled, it is okay to use an alcohol based hand rub to decontaminate hands.  True  False
20. What color of lines should students look for when parking?

I have read the General Hospital Orientation information provided and will comply with the rules and regulations set forth. I understand that non-compliance may lead to dismissal from my student experience at the Hocking Valley Community Hospital.

Signature:

Date:

*My typed name above shall have that same force and effect as my written signature. Your signature verifies that you have read and understand the information provided and hereby agree to adhere to the rules and regulations of the facility.*



HOCKING VALLEY  
Community Hospital

**GENERAL HOSPITAL ORIENTATION**

**Mission & Vision**

***Mission***

To provide extraordinary care close to home now and into the future

***Vision***

To provide our community an unparalleled patient experience through world class service that is both compassionate and professional

**Critical Access Hospital Organizational Structure**

Organizational Chart

- Definition – a graphic representation of the structure of an organization showing the relationships of the positions/jobs within it
- The most up-to-date organizational chart for the Hospital can be located onsite utilizing Lippincott Procedures
  - Folder: HVCH – Hospital Wide Policies
  - Name: Organizational Chart

Pillar Format

The Hospital focuses on six pillars when developing the strategic plan and goals as well as the department and individual goals.

1. People
2. Service
3. Quality
4. Finance
5. Growth
6. Community

## Job Performance/Expectations

Our goal is to provide an excellent experience for our customers as well as to create a culture of respect and trust with each other. All of our team members, contract staff, students, and volunteers should adhere to the Standards of Behavior, Five Fundamentals of Service, and utilize the Service Recovery program, as indicated.

### Standards of Behavior

- Ownership
- Integrity & Professionalism
- Team Members
- Service Excellence
- Communication

### Five Fundamentals of Service

1. Acknowledge
  - Make eye contact and smile.
2. Introduction
  - Welcome the customer and share your name, department, and role.
3. Duration
  - Be conscious about time. Share how long a process will take, what happens next, and report progress.
4. Explanation
  - Explain things in simple terms so that the customer understands. Answer any questions or concerns.
5. Thank you
  - Show appreciation for the customer selecting HVCH.

### Service Recovery

Making something right after something goes wrong. View concerns/complaints as gift; they deliver a clear message about unmet expectations. Utilize the CARE approach:

- **Connect**
  - Introduce yourself, make eye contact, find out the problem, and how you can make it better.
- **Apologize**
  - Don't use excuses.
- **Repair**
  - Find out what it would take to make the customer happy.
- **Exceed**
  - Don't just meet but exceed the customer's expectations.

## **Patient Confidentiality and Ethics**

### **HIPAA Code of Conduct**

HVCH has a strict Code of Ethics. This commitment ensures that we are providing the best healthcare to our community.

- We comply with laws and regulations
- We are dedicated to high ethical and moral standards.
- We maintain a high standard of accuracy in all financial and patient reporting
- We avoid conflicts of interest
- We protect company assets
- We are committed to fairness and honesty in our contracts
- We cooperate in all governmental interactions
- We conduct ourselves professionally at all times
- We do not give or accept gifts in exchange for patient referrals or business
- We maintain a safe and positive work environment
- We do not knowingly employ or contract with individuals or entities ineligible to participate in federal health care programs

### **HIPAA & Patient Confidentiality**

#### **We live in an information age.**

- There is more information accessible to an individual than ever before. And this only increases as the technology becomes more advanced.
- BUT patients have a right to control who has access to their personal and private health information.

All of our team members, contract staff, students, and volunteers are expected to abide by the most current regulations for HIPAA (Health Information Portability & Accountability Act). With the implementation of our electronic health record (EHR), access to patient information is easier for patients but even more controlled for employees and providers.

#### **HIPAA: Health Insurance Portability & Accountability Act**

- Passed in 1996, revised in 2003 and 2009 to current version plus HITECH
- Establishes PHI, or Protected Health Information
  - Any information that can be used to identify an individual (living or deceased) that related to their past, present, or future physical or mental health or condition.
- Access must be authorized and consent must be given by the patient for release of information
- Breaches must be reported immediately

## Protected Health Information

In alignment of the PHI (Protected Health Information) regulations, below is a list of possible information that can be used to identify a patient. However, please be mindful of any material or documents that have possible HIPAA identifiers on them. If you are not sure, please ask your Director/Supervisor. If the materials need to be destroyed, please ensure they are disposed of in an appropriate shredding bin. Do not just place them in a regular garage.

- ◆ Patient Name
- ◆ Geographic subdivisions
- ◆ Telephone number
- ◆ Fax number
- ◆ Social security number
- ◆ Vehicle identifier
- ◆ Email address
- ◆ Web URLs and IP addresses
- ◆ Device identifiers
- ◆ Dates (except year)
- ◆ Full face photographs or image
- ◆ Healthcare record numbers
- ◆ Account numbers
- ◆ Biometric identifiers
- ◆ Health plan beneficiary
- ◆ Certificate/License numbers
- ◆ Any other number, code, or characteristic that can be linked to an individual
- ◆ Name of relatives

## **Document Control, Retrieval, and Verification**

### Information Management

We live in an information age. There is more information accessible to an individual than ever before. And, this only increase as the technology becomes more advanced.

- Think before you “Click”.

### Computer Use & Security

- The computers are the Hospital’s property
  - Do not eat or drink at workstation
  - Do not use floppy disk, CD or any portable media or device that has been outside of facility control into facility equipment
  - Do not add, install or download software programs to workstations.
- Password management
  - Must be remembered, not posted
  - Do not share
  - Never sign in to a computer with another individual’s password

## Internal Reporting Requirements for Adverse Patient Events

### Performance Improvement Plan

The Performance Improvement methodology utilized by the Hospital is:

#### **Plan – Do – Study – Act (PDSA)**

The underlying concept of performance improvement is **the plan, do, study, act (PDSA)** cycle. This cycle is based on the premise that it must be ongoing and, to achieve continuous improvement, it must be planned, implemented, evaluated, and acted on. This cycle process requires the coordination and integration of all management, clinical, medical staff, and support staff. Our focus is on achieving customer focused quality outcomes by continually improving our processes. Staff are educated in the methodology to performance improvement of PDSA. Education is ongoing and is often accomplished in the mode of just in time training.

### Incident Reports Policy

- To assure that adequate documentation is provided for events or circumstances not consistent with the routine operations of the hospital and its staff or the routine care of a particular patient or visitor.
- The Hospital has three different incident report forms:
  1. Medication Errors
    - Utilized for medication errors or near misses
  2. Falls
    - Utilized for patient witnessed or unwitnessed falls
  3. General Incident Reports
    - For all other events or circumstances that are not appropriate for the medication error or falls incident form

**It is imperative that the correct form is completed!**

INCIDENT REPORTS ARE NEVER TO BE FILED IN THE PATIENT'S MEDICAL RECORD.

INCIDENT REPORTS ARE PART OF OUR INTERNAL QUALITY IMPROVEMENT PROCESS AND SHOULD BE TREATED AS INTERNAL DOCUMENTS ONLY. THEY ARE CONFIDENTIAL AND PROTECTED.

The incident report form is a two-copy form; both copies are to stay together. Under **NO CIRCUMSTANCES** is the completed report to be copied. Also, never document in a patient medical record that an incident report was completed.



## **Patient Safety**

### **Patient Safety Plan Policy**

- The purpose is to improve patient safety and reduce risk to patients through an environment that encourages:
  - Recognition and acknowledgment of risks to patient safety and medical/health care errors;
  - The initiation of actions to reduce these risks;
  - The internal reporting of what has been found and the actions taken;
  - A focus on processes and systems;
  - Minimization of individual blame or retribution for involvement in a medical/health care error;
  - Organizational learning about medical/health care errors;
  - Support of the sharing of that knowledge to effect behavioral changes in itself and other healthcare organizations.

For the plan to be effective, it takes EVERYONE!

- Senior Leadership
- Governing Body
- Medical Executive Committee
- Administration
- Clinical, Operations and other Patient Safety Teams
- Hospital Staff and Support Personnel
- Directors/Managers

For a detailed explanation of the responsibilities, refer to the Hospital's policy on-site.

## **General Safety (Work Environment)**

### **Basic Fire Prevention**

- Prevention is the best defense against fire:
  - Smoking
    - HVCH is a tobacco-free facility. Follow facility's smoking policy
  - Electrical malfunction
    - Inspect equipment prior to use
    - Remove damaged or faulty equipment from service
    - Submit a maintenance request
  - Equipment misuse
    - It is important to have training on a piece of equipment prior to using it.

## Fire Safety

Remember the RACE acronym:

- **Rescue** all persons from the area of the smoke or fire. Call aloud “code red”.
- **Alarm** - Pull the nearest fire alarm box. The switchboard operator will announce over the paging system the signal for a fire and the specific location given by the fire alarm box.
- **Contain** fire and smoke by closing all windows and doors. Be sure fire doors are closed and remain closed.
- **Extinguish** the fire. If possible, put out the fire with a fire extinguisher. If fire is intense, the safe action is to leave area and wait for assistance.

**Be familiar with the location of the pull stations and fire extinguishers. As well as the emergency exits.**

## Electrical Safety

Electrical shock can cause: Burns, muscle spasms, heart fibrillation, respiratory arrest, and death.

- Prevention is key!
  - Remove and report electrical hazards.
  - Use electrical equipment properly.
  - Use cords and outlets properly.
  - Turn equipment off before plugging or unplugging.

## Safety Data Sheets

- Hazard communication is an OSHA requirement
- Be knowledgeable of the location of the Safety Data Sheet (SDS), which lists the specific hazards of the chemicals located in your area
- Some of the information listed on the SDS could be as follows: first aid measures, fire-fighting measures, accidental release measures, handling and storage, personal protection, disposal considerations, transport information, regulatory information, etc.

## Body Mechanics and Ergonomics

- Best practices:
  - Avoid fixed or awkward postures.
  - Use proper posture and body mechanics when sitting, standing, or lifting.
  - Avoid reaching, twisting, and bending for tools. Keep tools close to you.
  - Take proper care of the spine while:
    - Standing
    - Sitting
    - Lifting a static load vertically

## Violence in the Workplace

- It is the policy of HVCH that workplace violence, whether physical or verbal, shall not be tolerated and that this facility is committed to create and maintain a safe and peaceful environment for our patients, visitors and staff while providing quality healthcare.
- If any type of workplace violence occurs, the individual should immediately report it to the Department Director or Nursing Supervisor at X-5510.
- If an emergency situation arises, call “911”. And if necessary, page “Code Violet” r “Code Silver”.

## Bloodborne Pathogens

- Bloodborne disease are spread from person to person when there is exposure to infected blood or certain other body fluids or tissues.
- Bloodborne diseases include: HIV/AIDS, Hepatitis B and Hepatitis C
- Standard precautions is the best way to protect yourself from exposure.
- Everyone within the facility have responsibilities related to the Hospital’s bloodborne Exposure Control Plan, as follows:
  - Understand the principles of hospital Standards Precautions and infection control policies and procedures and routinely apply.
  - Report incidents to their supervisor of actual exposure to blood or body fluids.
  - Report incidents to their supervisor when other individuals are noncompliant with Standard Precautions or infection control policies and procedures.
  - Protect self with Personal Protective Equipment (PPE) provided by the hospital.
  - Practice proper hand hygiene
  - Submit an Incident Report following all incidents of actual exposure to blood or body fluids.

## Emergency Procedures

### Ohio Emergency Codes

<u>Code Name</u>	<u>Event</u>
<b>Code Red</b>	Fire
<b>Code Adam</b>	Infant/Child Abduction
<b>Code Black</b>	Bomb/Bomb Threat
<b>Code Gray</b>	Severe Weather
<b>Code Orange</b>	Hazardous Material Spill/Release
<b>Code Blue</b>	Medical Emergency – Adult
<b>Code Pink</b>	Medical Emergency – Child
<b>Code Yellow</b>	Disaster
<b>Code Violet</b>	Violent Patient/Combative
<b>Code Silver</b>	Person with a Weapon/Hostage Situation
<b>Code Brown</b>	Missing Adult Person

- *Specifics related to each of the Ohio Emergency Codes can be located on-site in the Hospital's policy and procedure platform.*

Emergency Paging – **Dial 45 for any telephone within the facility** and you will be heard on the overhead paging system. Announce your emergency three times.

### Emergency Management Plan

- In the event of an emergency:
  - Listen to announcements and directions from the PA system
  - Follow instructions given by supervisors/directors
  - Shelter in place –or– evacuate, depending on the situation and area affected

### Active Shooter Response

- **RUN-HIDE-FIGHT**
  - If you hear gunfire, leave the area immediately and evacuate (RUN)
  - If you are unable to evacuate safely, seek shelter in a room or storage area away from windows, barricade the door and stay quiet (HIDE)
  - Be prepared to fight if your hiding place is compromised (FIGHT)

## **Infection Prevention and Universal Precautions**

### **Personal Responsibility**

- Wash your hands
- Get vaccinated!
  - Influenza, MMR, DPT, Pneumococcal, Shingles, etc.
- Stay home if you're ill

### **Hand Hygiene Policy**

#### **The #1 to prevent the spread of infection is hand hygiene.**

- When hands are visibly soiled, wash hands with soap and water following these steps:
  1. Wet hands with warm, running water
  2. Apply soap
  3. Rub hands together vigorously for 20 seconds
  4. Don't forget to wash under the fingernails
  5. Rinse away all soap
  6. Dry hands thoroughly with a paper towel or hand dryer
- If hands are not visibly soiled, use an alcohol based hand rub for routine decontamination of hands.
- Decontaminate hands after using the restroom, wash hands with soap and water.

### **Cleaning Computer Devices**

- The purpose is to decrease potential cross contamination via the high touch use of computer devices.
- Computer devices include but are not limited to computer mouse, keyboards, bar code scanner, etc.
- Cleaning or disinfecting of computer hardware on a regular basis should be done by each department using an EPA-registered hospital detergent/disinfectant (Sani Wipes-Purple Top)

## Respiratory Mask and Eye Protection Guidance

All students entering Hocking Valley Community Hospital or affiliated clinics are required to wear a **mask or face covering**.

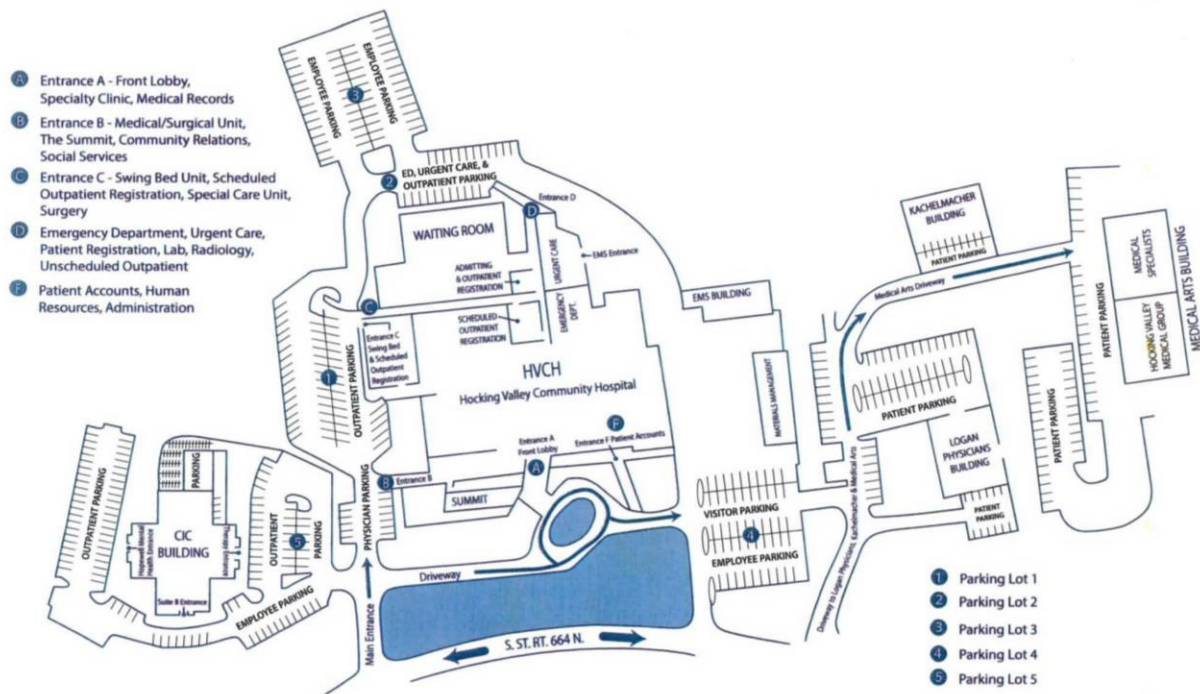
All students entering Hocking Valley Community Hospital or affiliated clinics that are involved in **direct patient care** are required to wear **eye protection** (regardless of the patient's COVID status).

- **All students that have direct patient contact are to wear procedure masks, as they are more protective than homemade/cloth. This is the requirement for hospital staff and we want you to have the same level of protection. Masks should be provided by the school.**
- All students that DO NOT have direct patient contact may choose to wear cloth masks or procedure masks.
- All masks should be discarded when:
  - Known contamination with blood/bodily fluids or if it becomes visibly soiled/moist
  - It becomes damaged or hard to breathe through
- Procedure masks should be discarded:
  - **For students having patient contact:** after removing/doffing or as indicated above
  - For non-clinical/business students: May be changed daily or as indicated above
- **Masks are not required when students:**
  - Are in private offices alone, but should be put on when someone enters
  - Are eating, but should maintain social distancing
- **All students that have **direct patient contact** are to wear protective eyewear such as, goggles or face shields. Per OSHA standards, personal eyeglasses are not an acceptable form of eye protection.**
- Wipe goggles or face shields with hospital-approved disinfectant and allow to air dry before re-use.

**For your protection: Students are not permitted to enter COVID/COVID suspected isolation rooms.**

If you have any questions about personal protective equipment please ask your preceptor or contact Infection Control at 740-380-8388.

## Floor Plan and Facility Specifics



Please park in spaces with **white lines**. Parking spaces with yellow lines are reserved for our patients and visitors.

### Tobacco-Free Facility

- Smoking is not permitted on the HVCH campus at any time
- If you wish to smoke, you must physically leave the hospital grounds
  - You may not smoke in your vehicle on campus
  - This includes eCigarettes and vaporizers

### **Questions regarding general hospital orientation:**

- Contact your director, supervisor, manager, or preceptor
- Contact Human Resources at X8330
- Contact Education at X8384