Welcome to the Carson Tahoe Health System

Whether you are a newly hired employee, contract/service staff or a student joining us for a clinical rotation or an approved job shadow, welcome to the Carson Tahoe Health Team!

Carson Tahoe Health (CTH) is committed to the health and well-being of the communities we serve. CTH is a comprehensive health provider with locations in Carson City, Minden-Gardnerville, Carson Valley, Reno, Dayton and beyond.

We treat our healthcare system in the same manner we treat our patients - with care, respect and a commitment to do our very best. It's what drives us every single day, and it's what separates us from other hospitals. Here, we make every effort to create a positive, healing environment - one that is centered around our patients individual needs, encompasses state-of-the-art programs and technologies, and nurtures a first-rate medical team comprised of some of the most respected experts in their field.

This Orientation Handbook was developed to provide you with key information as you begin your experience with the Carson Tahoe Health Team. Depending upon your position or service, additional orientation may be required. If an employee or contract/service person, you will be advised by Human Resources of your specific orientation requirements. Student rotations and job shadows are processed through our Education Services department and you are oriented to your site-specific assigned location.
# TABLE OF CONTENTS

## Mission, Values, Professional Performance Standards

### Chapter 1 - Key Procedures & Highlights
- Parking
- Identification
- Telephone Usage
- Smoking
- Harassment
- Violence In The Workplace
- Weapons
- Inmates/Person’s in Custody
- Drug and Alcohol Free Workplace
- Illness/Injuries
- CTH Cafés

### Chapter 2 - Programs, Initiatives
- Improving Organizational Performance
- Core Measures
- CMS
- IHI
- Nursing Measures
- Population/Age Specific Cultural Diversity
- Patient Abuse and Neglect
- Patient Rights and Responsibilities
- Advance Directives
- Administrative Coordinator (A/C)
- Deteriorating Patient/ Rapid Response Team (RRT)
- Interpreter Services (MARTTI)
- Compliance Program
- Code of Conduct
- Confidentiality/HIPAA
- HITECH Act of 2009
- Red Flag (Identity Theft)

### Chapter 3 - Environment of Care
- Code Definitions & Procedures
- Life Safety
- Fire Safety
- Types of Extinguishers
- Emergency Preparedness
- Environment of Care Plans
- HazMat (SDS)
- Electrical Safety
- Personal Protective Equipment (PPE)

### Chapter 4 - Infection Control & Patient Care
- Body Substance Isolation (BSI)
- Airborne/Droplet Precautions
- Contact Precautions
- Neutropenic/Protection Precautions

### Chapter 5 - Laboratory
- Specimen Labeling
- Culture Specimens
- Pathology Specimens
- Critical Lab Values
- Blood Bank Specimens
- Arm Bands

### Chapter 6 - Adverse Drug Reactions (ADR)
- Definitions
- Pharmacy Blood Utilization Committee (PBUC)

### Chapter 7 - Health Requirements
- Immunizations
- Respiratory Fit Test
- Blood Borne Pathogens

### Chapter 8 - Patient Safety
- Patient Safety Officer
- Patient Safety Initiative
- Licensure
- BLS/ACLS
- Incident Reporting
- National Patient Safety Goals

### Chapter 9 - Facilities Site Specific Information

### Chapter 10 - Quick Reference Contact List

### Agreement - Confidentiality/Indemnification
Our Mission

• To enhance the health and well being of the communities we serve.

Our Core Values

• Putting Patients First

• Treating Everyone with Dignity and Respect

Professional Performance Standards

Compassionate Care and Communication – Exceed expectations and anticipate the needs of patients while enhancing the quality of care and the quality of the work environment.

Teamwork – Unselfishly work with others toward common goals and visions.

Respect – Consistently treat patients, families and co-workers with patience, consideration and dignity.

Honesty and Integrity – Commit to truthful and open conduct in all aspects of work and workplace relationships.
CHAPTER 1 - KEY POLICIES & HIGHLIGHTS

Some data may be Regional Medical Center specific. Site specific data on pages 25-35

| RMC Parking - General: Parking lot 4 recommended, especially after hours. | ![Parking] |
| RMC Parking - Staff: Located in the NW and NE parking areas, 2 & 3.     |

| Identification (All locations) |
| All staff and students are required to wear a Carson Tahoe Health (CTH) photo identification issued by the Human Resources (HR) department. If contract staff, this must also be accompanied by a Contract Company identification. Should employment be terminated the CTH badge is to be returned immediately to the department manager/nurse manager who will return the badge to HR within 5 working days. Students will be issued badges from the Education Department. |
| ![Identification] |

| Telephone Usage (All locations) |
| Employees are expected to be polite and courteous when answering telephone calls. When answering a call, you must identify yourself and your department. CTH telephones may be used only for transactions of CTH business. In case of an emergency, personal calls may be made or received. (Public telephones are available throughout the RMC for employee’s personal calls.) |
| ![Telephone] |

| Staff Communication/Vocera/SBAR (RMC) |
| The primary tool used for communication at the RMC is Vocera, a hands free wireless communication device. If appropriate for your position you will be trained on the device. The Situation-Background-Assessment-Recommendation (SBAR) technique is used at all locations for reporting changes in patient’s condition and for hand off reporting. All communication among the healthcare team is to follow Professional Performance Standards. A “Quick Reference Guide” providing contact information for departments and staff referred to is found on Page 37 in this Guide. |
| ![Staff Communication] |

| Smoking (All Locations) |
| Smoking is not allowed anywhere on the CTH campus |
| ![Smoking] |

<p>| Harassment (All Locations) |
| CTH is committed to providing an environment that is free of discrimination and unlawful harassment. Actions, words, jokes or comments based on an individual’s sex, race, ethnicity, age, religion or any other legally protected characteristic will not be tolerated. Sexual or other unlawful harassment or discrimination (both overt and subtle) is a form of misconduct that is demeaning to another person, undermining the integrity of CTH and is strictly prohibited. If you experience any form of harassment, or behavior that may be construed as harassment, by anyone, it is your responsibility to report this immediately to the Administrative Coordinator (AC), direct supervisor and/or Human Resources. |
| ![Harassment] |</p>
<table>
<thead>
<tr>
<th><strong>Illness/Injuries (All Locations)</strong></th>
<th>![Ambulance]</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you should incur an injury or become ill it must be reported immediately to your direct supervisor, or the AC or their representative.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Violence in the Workplace (All Locations)</strong></th>
<th>![Violence]</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTH is firmly committed to providing a work environment free from acts of violence or threats of violence. In keeping with this commitment, we have established a strict policy that prohibits any person from threatening or committing any act of violence in the workplace; while on duty, while on company related business or while operating a company vehicle owned or leased by the hospital. This policy applies to anyone associated with CTH and includes, but is not limited to verbal abuse, threats to do harm, stalking, causing physical injury to another person, intentionally damaging employer property or the property of another person or possession of a weapon. If you observe any form of violence, or behavior that may be construed as violent, it is your responsibility to immediately report this to your direct supervisor, the AC or Human Resources.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Weapons (All Locations)</strong></th>
<th>![No Firearms]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weapons are not allowed in any CTH facility or office (excepting federal, state, county or city law enforcement personnel). Private security agents, collection agents, bail bondsmen, and individuals with concealed weapons permits are not peace officers and will be required to remove their weapons. Weapons held will be handled as any valuable belonging to a patient. If you observe any weapons, or suspected weapons, it is your responsibility to report this to the A/C and/or security, as appropriate.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Inmates/Patients in Custody (All Locations)</strong></th>
<th>![Inmate]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmates (persons in the custody of city, county, state or federal law enforcement personnel) are at times accepted at CTH for medical treatment. All such inmates will remain under constant (sometimes armed) guard. No one is to enter an inmate’s room, under any circumstances including medical emergencies, without the attending officer/guard.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Drug and Alcohol Free Workplace (All Locations)</strong></th>
<th>![Drug and Alcohol Free]</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTH prohibits the unlawful manufacture, distribution, possession or use of any controlled substance or alcohol in the workplace. It is strictly against policy to be under the influence of said substances while at work. If you suspect or become concerned about the behavior of a staff member, report this at once to your direct supervisor and/or the AC.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CTH Cafes</strong></th>
<th>![Cafe]</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Sage Café is located on the first floor, northeast section of the Regional Medical Center (RMC) building. The Mid-Town Café is located on the main floor, southwest section of the Specialty Medical Center (SMC).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>24-7 Kiosk (RMC)</strong></th>
<th>![Starbucks]</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a Starbucks’s kiosk in the main lobby offering drinks and light food 24-7.</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER 2 - PROGRAMS & INITIATIVES

Improving Organizational Performance

Performance Improvement at CTH is about **Putting Patients First**. We strive for excellence in all we do; patient safety, quality care and comfort for our patients and their families. The organization is committed to continually improving the performance of our health care delivery and financial systems. In the dynamic world of health care, change is the only constant and achieving quality care is a never ending cycle of continuous improvement and the ongoing effort by all of those involved to identify opportunities for improvement.

The Plan for Improving Organizational Performance lays the groundwork and provides the frame work for identifying opportunities for improvement; prioritizing improvement activities; implementing and maintaining a comprehensive ongoing and integrated system for well designed processes and communicating those activities. The Plan outlines responsibilities for Performance Improvement activities.

Opportunities for improvement can be identified in many ways, for example: Patient surveys, physician or employee surveys, Quality Review Tracking Forms, brainstorming, when you think “there must be a better or easier way.”

CTH utilizes various methods to evaluate systems and process. The **Failure Mode Effects Analysis (FMEA)** is a proactive approach to identify steps in a process and potential failures. Then action plans for improvement can be developed.

The **Root Cause Analysis (RCA)** is a retroactive approach to unexpected events and outcomes to determine underlying causes of the event and to develop an action plan to prevent recurrences.

Data collection is the basis for Performance Improvement activities and provides a means to make informed objective decisions. Interpretation transforms data into meaningful information so that outcomes can be monitored over time. Changes are managed; performance is improved; outcomes are achieved and sustained; and the process is documented.

**Core Measures**

Centers for Medicare/Medicaid Services (CMS) require hospitals to submit data on selected core measures. They expect hospitals to use this data to improve processes.

A component of Joint Commission’s ORYX® initiative is the identification and use of standardized performance measures. The intent is to improve patient outcomes through consistent use of best evidence-based practice measures and those that support organizational process improvement.

We are currently collecting information on:

- SCIP – Surgical Care Improvement Project
- Heart Failure (HF)
- Venous Thromboembolism Prophylaxis (VTE)
- Stroke
- Pneumococcal Vaccine & Influenza Vaccine
- Acute Myocardial Infarction (AMI) Heart Attack
- Hospital-Based Inpatient Psychiatric Services (Began 10/2012)
- Emergency Department
- Pneumonia
- Hospital Outpatient Measures
Physician order sets are available for pertinent core measures to assist with our successful delivery of care. These order sets are available through the Electronic Medical Records (EMR) system.

**CMS**

Hospital Quality Measures - As part of CMS Quality Initiative and Annual Payment Update we also submit data on:

- Core Measures
- HCAHPS (Patient Satisfaction Survey)
- Mortality
- Readmission
- Medical Imaging
- Patient Safety Indicators (PSI)
- Medicare Spending per Beneficiary

**Institute for Healthcare Improvement** (IHI) – based on IHI recommendations, CTH has implemented the following improvements:

- Rapid Response Team, Central Line Bundle, and Ventilator Bundle.

**Nursing Measures** – include, but are not limited to, data on:

- Use of Two Patient Identifiers
- Patient Falls
- Rapid Response Team
- Restraint Use
- Hand-washing

**Population/Age Specific and Cultural Diversity Care**

CTH staff provides age/population and cultural diverse care to the patients and communities it serves. As a care provider it is your responsibility to consider every patient’s unique needs when planning and providing care. Patients deserve to be treated as individuals by having their specific needs, values and beliefs considered when receiving care. Each department has a unique mix of patients (population) common to that area. To assist in the provision of individual care you may refer to the “Age/Population Quick Reference Guide”, found on the unit, in the Education page on the intranet or on Swank.

**Key points to consider:**

- When on a specific unit, consider what groups or “populations” are served in the department, i.e. ages, diagnosis, procedures performed, etc.

- What specific factors need to be considered when planning care or treatment, i.e., psychosocial or physical, age related, or spiritual needs?

- How can care be modified to meet the needs of the patient, i.e. special or adaptive equipment, appropriate education, dietary modifications, use of an interpreter or service, etc?
• Consider communication strategies, i.e. providing instructions/information both verbally and in writing, including family, caregivers as appropriate, use of videos, etc.

Patient Abuse and Neglect
It is the goal of CTH to protect patients in our care by preventing, prohibiting and/or identifying cases of suspected or actual abuse or neglect. In compliance with Nevada law, all potential or actual cases of verbal, sexual, physical or mental abuse are reported for investigation. Reporting is mandatory for patients <18 or >60 years of age. Should patient behavior or statements lead you to believe that abuse may exist you must report this information at once to the your direct supervisor or the AC.

Patient Rights and Responsibilities
Patients are informed upon admission of the Patient’s Bill of Rights and Responsibilities. A complete copy of this document is available from Admissions.

All patient rights and responsibilities apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf.

Patient Relations Team
We have a Patient Relations Team that work with staff to address care concerns, should they arise, and ensure patient satisfaction.

Advance Directives
The Patient Self Determination Act became effective in 1991 and requires all medical institutions that receive federal funding to inform patients of their right to refuse treatment and also offer information about advance healthcare planning and documentation.

An Advance Directive is a document that allows a person to state in advance what kinds of treatment they want or do not want under medical circumstances that would prevent a person from communicating their wishes. The legal document identifies the patient’s wishes for healthcare in the event that the patient becomes unable to make their own healthcare decisions.

The Advance Directive must be in the medical record.

All patients are asked on admission if an Advance Directive is on file and are given the opportunity to complete one if they wish.

If you have questions about Advance Directives, contact the patient’s caregiver or the Patient Relations Team.

Administrative Coordinator (AC)
As a resource to all staff, an Administrative Coordinator (AC) is working at the RMC 24/7 and may be reached by dialing 315-7125 or by using Vocera (X5510). The AC oversees patient flow, staffing and is involved with all patient care issues that are beyond the charge nurse/resource persons area of responsibility. The AC would also be the Incident Commander for Disasters when Hospital Administrators are off duty. ALL contract staff are to check in with the AC upon arrival.

- 9 -
Deteriorating Patient / Rapid Response Team (RRT)

The purpose of the Rapid Response Team (RRT) is to enable healthcare staff members to request additional assistance directly from a specially trained individual(s) when the patient’s condition appears to be worsening.

The goal of the team is to provide early and rapid intervention to a deteriorating patient in order to promote improved outcomes such as: reduced cardiac and/or respiratory arrests in the hospital; reduced or more timely transfers to a higher level of care; reduced patient intubations; and reduced number of hospital deaths.

The team provides clinical expertise and advanced assessment skills as well as facilitating, when necessary, a more timely transfer to a higher level of care.

GUIDELINES for staff to initiate the RRT are as follows:

- Acute change in heart rate <50 or >130 beats per minute.
- Acute change in systolic BP to 20% of baseline.
- Acute change in respiratory rate <8 or >28 per minute.
- Acute change in $O_2$ saturation <90% despite supplemental $O_2$ therapy.
- Fractional inspired oxygen ($FiO_2$) increased to $\geq 50\%$.
- Sudden unexpected bleeding.
- New, repeated, or prolonged seizures.
- Acute changes in the level of consciousness (LOC).
- Persistent chest pain.
- To initiate an RRT in the RMC, Dial 5555 from any RMC phone or Vocera (X5510 - State room/location of patient)

Interpreter Services
Patients who are identified as limited English proficient will be provided interpreter services as needed. The RMC utilizes a video interpretation service known as MARTTI. MARTTI is an acronym for My Accessible Real Time Trusted Interpreter, a remote video interpretation platform used to provide language interpretation services for deaf and non-English speaking patients. MARTTI units are located in the RMC Emergency Department and throughout the building.

Off-site areas have access to the “Language Line” for over-the-phone interpreters.

In addition to telephone and video services, there are several bilingual members who have undergone training and may provide interpreter services. To access one of these staff members contact the Administrative Coordinator. Once you have the name, most can be reached on Vocera (X5510).

Compliance Program
CTH has adopted a Compliance Program to demonstrate our commitment to ethical and legal business practices, compliance with laws, regulations and accreditation standards, and ensuring service of the highest level of integrity and concern.

All reported issues will be investigated promptly and appropriate corrective action taken. CTH prohibits retribution, retaliation, or harassment for making a good faith effort to report such issues. **Should you have questions regarding compliance, please contact the Corporate Compliance/Privacy Officer.**
**Code of Conduct**

The Code of Conduct is an important component of the CTH Compliance Program. It provides guidance in carrying out our duties within appropriate ethical and legal standards. These obligations apply to our relationships with patients, providers, payers, regulators, vendors, contractors, business partners and one another.

The policies set forth in the Code of Conduct are mandatory and are included in the Hospital Policies and Procedures found on the intranet. Copies of the Code are also available in the Compliance department.

**Confidentiality/HIPAA**

*(Health Insurance Portability and Accountability Act of 1996)*

Information found in the patient's medical or billing record and demographic information that can identify the individual are examples of Protected Health Information (PHI).

As an employee, contract staff or student at CTH, any private information that you see, hear or say, is considered confidential and must be kept confidential and can only be used or disclosed for specific purposes related to:

- a) an individual's treatment;
- b) payment of services;
- c) the operations of the healthcare organization

Patients/individuals have rights to access their PHI with some exceptions.

Some everyday things employees, contract staff or students can do to protect privacy of patient information are:

- Shred or destroy documents that contain patient information - shred boxes are located throughout the hospital.
- Locate copy and fax machines in areas with no public access
- When discussing PHI, make sure that you are in an area where you cannot be overheard
- Keep patient records out of public areas
- Secure records in all locations
- Do not share passwords
- Angle computer screens to restrict viewing
- Remember an individual’s right to privacy during treatment
- Do not download PHI to any portable device
- Do not discuss patient PHI when using Vocera

HIPAA allows for both criminal and civil penalties and may include fines and/or jail time for certain types of breaches in confidentiality.
Violation of CTH Privacy Policies and Procedures will result in disciplinary action, including termination of your employment. Current regulations provide for revisions to privacy and security rules and strengthen fines and penalties if it is discovered that a “breach” of PHI has occurred. Breaches of PHI are reported to the Department of Health and Human Services as well as the patient whose information has been breached. An individual who has committed a breach will not have their identity protected during the reporting process to the patient or the federal government.

Identity Theft
In order to protect our patients, CTH has developed a policy and process to follow up on any suspected instances of identity theft. The policy and process have been developed to protect our patients.

If you are aware of something that causes you to believe that the patient you are registering or caring for is using someone else’s identity, complete an Incident Report online. Follow up and investigation will occur from the information provided in the Incident Report.

Any questions or concerns can be directed to the Corporate Compliance/Privacy Officer.
CHAPTER 3 – ENVIRONMENT OF CARE

CTH has an emergency preparedness program covering most major situations. The following Code system is used internally to notify those within the hospital of situations and is here for your awareness.

Code Procedures
Code Procedures on the following pages apply to the RMC.

Please refer to Code Procedures specific to your off-site locations.

- Minden Emergent Care
- Dayton Emergent Care
- Great Basin Imaging
- Carson Tahoe Surgical Center
- Carson Tahoe Continuing Care Hospital (CTCCH/ aka LTACH)
- Sierra Surgery Hospital
- Behavioral Health Center
- Senior Pathways
- Other out-patient locations

Dial 9-1-1 for all Codes at off-site locations

**CODE BLACK - EVACUATION**
When you hear **CODE BLACK** prepare patients for evacuation.
A. Evacuate, as instructed, horizontally through compartments, then vertically to other floors.
B. Order is ambulatory, ambulatory assist, full assist.

**CODE BLUE - MEDICAL EMERGENCY**
A. Dial 5555, Say **CODE BLUE and location**" (repeat).
B. Code will then be paged overhead.
C. Code Team will report to area.
D. When staff is assembled, the AC authorizes cancelling the code.

**CODE GREY - VIOLENT BEHAVIOR**
A. Dial 5555 – Say **CODE GREY and location**" (repeat).
B. When Security has responded, the AC (or delegate) will cancel paging of the code.
C. When staff is assembled, the AC authorizes cancelling the code.

**CODE ORANGE - HAZMAT INCIDENT**
A. Dial 5555 - Say **CODE ORANGE and location**" (repeat). This is an internal chemical spill or external exposure has occurred.
B. Secure area in which the spill has occurred and contain the spill.
C. Contact Environment of Care Safety Officer.
D. When all is clear, Emergency Management Officer and/or AC will cancel the code.

**CODE RED - FIRE**
A. Remove anyone in immediate danger.
B. Pull Fire Alarm.
C. Dial 5555 - Say **CODE RED and location**" repeat).
D. Close doors to confine fire.
E. If fire is small, attempt to extinguish fire with proper equipment.
F. If you subsequently hear **CODE BLACK** paged, the fire is extreme and you need to prepare patients for evacuation.
G. Only the **FIRE DEPT** is authorized to assess for an “All Clear” after a Code Black has been called.

**CODE PINK - INFANT/CHILD ABDUCTION**
A. Dial 5555 – Say “**CODE PINK and location**” (repeat).
B. Immediately move to and monitor assigned exits.
C. Direct public to exit and enter through the lobby.
D. Maintain assigned position until relieved or the code is cancelled.
E. Only the AC is authorized to instruct the Operator to give the “All Clear”.

**CODE YELLOW ~ EMERGENCY MANAGEMENT**
A. When **CODE YELLOW** is paged it means disaster alert or pending disaster.
B. When “**Condition I**” is paged, event may impact 3 or less departments for (4) four hours or less.
C. When “**Condition II**” is paged, event may impact 4 or more departments for (4) four or more hours.
D. Report to your usual station.
E. Departments will be activated as needed by the Hospital Emergency Incident Command System (HEICS).
F. Administrator (or delegate) will give the “All Clear” terminating the HEICS.

**CODE WHITE ~ BOMB THREAT**
A. Check question list near phone.
B. Write down the exact words you heard.
C. Dial 5555 – Say “**CODE WHITE and location (repeat)**”.
D. All personnel should immediately search work area.
E. Do not touch or otherwise disturb an unknown object.
F. Remove anyone in immediate danger.
G. Dial 5555 to report any discovery.
H. Secure the area.
I. Do not use radios to contact staff.

When the threat has been removed or the situation determined to be safe, the Emergency Management Officer or AC will instruct the staff to give the “All Clear”.

**CODE NOELLE ~ MATERNAL HEMORRHAGE**
A. Dial 5555 - Say “**CODE NOELLE and location**” (repeat twice).
B. Code Noelle team responds to location.
C. OR and ICU prep for possible patient transfer.
D. Security stands by OB/Pediatric doors to assist entry/exit.
E. Code can only be cancelled by AC.

**Life Safety**
If you hear **“Code Red”** (Fire) paged overhead, you should do the following:
- If you see smoke, immediately initiate Code Red Procedures.
- Never block open doors.
- Don’t obstruct hallway doors from closing.
- Keep the halls clear of unnecessary equipment and material.
- When the fire alarm is activated, make sure all patient room doors and windows are closed.
• Don’t walk through closed hall doors when the fire alarm is activated unless evacuating.
• Don’t use elevators.
• Reassure patients and visitors.
• Additional staff should stand by in work areas or if needed, in corridors, to assist as directed.
• If there is a medical gas shut down in your area, convert patients to portable systems for oxygen. (Facilities staff have responsibility for medical gas shut off at the main line. At the AC direction, nursing staff shuts down medical gas at the stations on the unit.)

Fire Safety
Instruction for Fire Extinguishers Use: (P.A.S.S.)
1. Pull the ring
2. Aim extinguisher nozzle at the base of the fire.
3. Squeeze lever
4. Sweep side to side

Types of Fire Extinguishers:
- A Use for wood, paper, trash and solid combustibles
- ABC Use for electrical equipment, flammable liquids, solid combustibles
- BC Use for electrical equipment and flammable liquids

What to do in case of a Fire (Code Red): (R.A.C.E.)
1. Remove remove anyone in immediate danger
2. Alarm pull alarm
3. Contain close doors to confine fires
4. Extinguish/Evacuate extinguish/evacuate when safe to do so

Know where fire exits are and fire alarm pull stations, as well as know your role in a fire, and how to evacuate patients.

Emergency Preparedness
The hospital’s emergency operations plan has been established to ensure that the organization is prepared to effectively respond at all times to a need for its services. When incidents occur that could tax the normal daily operations and routine of the facility, disaster protocols are implemented. The implementation of the disaster protocol is signaled when you hear “Code Yellow” paged overhead.

Depending upon the type of event, each department/service may or may not have a role in the emergency response. Your role is to continue your normal functions until activated and assigned a duty within the response effort. Alternate assignments are in Sec. 2 of the Emergency Operations Plan. Emergency Operations Plans (EOP) are located on the CTH intranet.

Environment of Care Plan
The Management Plan and Environmental Management Program describes the risk, safety and daily management activities that (facility name) has put in place to achieve the lowest potential for adverse impact on the safety and health of patients, staff and other people coming to the organization’s facilities. These plans are evaluated annually to determine if they continue to accurately describe the program and that the scope, objectives, performance and effectiveness of the program are appropriate.
Hazards Materials – (Haz Mat)
A hazardous material is any product that is capable of causing damage to living tissue. Hazardous materials are harmful to people and the environment based on their chemical nature.

A hazardous material is any product that is capable of causing damage to living tissue. Hazardous materials are harmful to people and the environment based on their chemical nature.

In the hospital setting, staff may work with hazardous materials. You need to know what materials you work with that are considered hazardous. These products should be labeled as such. Direct any questions to your direct supervisor on the floor/area where you are working. You will be provided with appropriate training and safety equipment to handle the material.

If you have a hazardous material spill in your area, the clean-up procedure is:

1. Remove anyone in immediate danger;
2. Secure area in which the spill has occurred and contain the spill;
3. Initiate **Code Orange** by dialing 5555
4. Users are responsible for knowing how to clean-up the hazardous materials that they work with;
5. Complete appropriate incident/occurrence reports

**Complete sets of SDS for the organization are located in the Emergency Department. SDS pertaining to a department’s operation are located in your department.**

**Electrical Safety**
Check all electrical equipment before use. Inspect equipment for loose or bent plugs, loose connections, frayed wires, or other visible damage.

Report and tag damaged medical equipment to the Bio-Medical Department AND remove from service until it is repaired. Have all new medical electrical equipment or patient devices inspected by the Bio-Medical Staff prior to use in the facility. Outside electrical patient devices must be checked by Watch Engineer before its use.

Avoid static electricity shocks to the patient by grounding yourself by touching the metal bed frame or metal sink before touching the patient.

Life support and other critical equipment should be plugged into RED electrical outlets. These outlets receive emergency power in the event of an outage

**Personal Protective Equipment (PPE)**
Refer to instructions on isolation signs for specific PPE needs before entering patient rooms.
CHAPTER 4 - INFECTION CONTROL/PATIENT CARE

Body Substance Isolation (BSI)
Preventing the spread of infection to healthcare workers and among patients is critical in the hospital setting. The system of isolation used by CTH is Body Substance Isolation (BSI).

The key elements of Body Substance Isolation (BSI) include:
• Frequent and thorough hand washing. Hand washing at least 20 seconds with liquid soap and running water. Instant Hand Sanitizing gel may be used as well.
• Hand Hygiene must be performed before and after every patient or patient environmental contact, such as changing gloves between patients and washing hands after removing gloves.
• Wearing gloves when you expect to have contact with blood, secretions, mucous membranes, non-intact skin or moist body substances.

Other safety measures to minimize your risk to exposure to blood and body fluids are:
• Dispose of all sharps in approved puncture resistant containers found in all patient rooms.
• Do not bend or break contaminated needles or other sharps.
• Always use sharps re-sheathing device. Avoid recapping needles, but if necessary, use the one-handed scoop technique.
• Eye protection is required whenever there is a risk of a splash to the face.
• Do not eat, drink, or apply cosmetics in patient care areas; this includes the nurses’ stations.
• Dispose of infectious waste in appropriate infectious waste containers, such as the red bags.
• Dispose of sharps containers when they are 3/4 full.
• Do not place food in medication refrigerators.

The Infection Control Manual is located in some departments and can be found on the System’s Intranet.

Airborne & Droplet Precautions: Private Room or Cohorting
In addition to BSI, Airborne Precautions are indicated for patients with known or suspected infectious tuberculosis, measles, chickenpox or SARS. Patients for whom airborne precautions should be observed will have a bright pink sign affixed to the wall immediately outside the door. You must wear a N95 mask whenever you enter the room. Students are never to enter rooms with airborne precautions.

Negative pressure with filtered outtake isolation rooms are:
• ER - Rm# 20
• Surgical Unit - Rm# 220
• ICU - Rm# 284, 285, 288, 289
• Medical/Oncology A - Rm# 333, 334, 335, 320
- Telemetry - Rm# 330,331,332
- Rehab - Rm# 314,315
- Pediatrics - Rm# 392,393
- Medical/Oncology B - Rm# 314, 315

Positive pressure rooms to protect Neutropenic patients are:
- Medical/Oncology - Rm# 323, 324, 350, 352, 354
- Telemetry - Rm# 356, 358, 360
- ICU - Rm# 291, 292, 293

**Droplet Precautions:**
Droplet precautions are indicated for patients with known or suspected Adenovirus, Diptheria, Haemophilus Influenza, German measles, Meningitis, Legionella, Influenza and sometimes Pneumonia. Patients for whom droplet precautions should be observed will have a bright orange sign affixed to their door. If you are to provide patient care or other support to patients in rooms with airborne or droplet precautions, you should:

- Wear appropriate respiratory protection.
- Keep the room door closed for airborne precautions (the door may be left open for droplet precautions).
- Maintain Body Substance Isolation, as appropriate, wear gloves and other personal protective equipment. A gown is always necessary if there will be any contact with environmental surfaces. Remember eye protection.
- Wash your hands with soap and water before and after every patient or patient environment contact.
- For droplet precautions PPE is required if within 3-6 feet of the patient.

If patients with respiratory precautions need to leave their room for a test or procedure, they should (if possible) wear a surgical mask.

**Any questions about airborne or droplet precautions may be directed to the Charge Nurse or the Infection Control Specialist.**

**Contact Precautions: Private Room or Cohorting**
In addition to BSI, contact precautions are indicated for patients with known or suspected MRSA, VRE, Clostridium Difficile, RSV, ESBL, and Acinetobacter and other multi-drug resistant organisms, infectious gastroenteritis and wound precautions. Patients in contact precautions will have a bright green sign posted outside of the room. A gown is required whenever entering the room because these organisms may live for long periods of time on environmental surfaces. A mask is required if the infection is respiratory. The door may remain open. When the patient must leave the room, cover the patient with 2 clean cover gowns, one on front, one on back. The patient needs to wear a mask if the infection is respiratory in nature.

**Neutropenic/Protective Precautions**
In addition to BSI, Neutropenic precautions are required when a patient’s WBC is <1.0. These patients are placed in Positive Pressure rooms with a light blue sign on the closed door. The purpose of these precautions is to protect a severely immunocompromised patients from infection. A mask and gown are required whenever entering the patient room.

When using disinfectant products or wipes, know the amount of time the product must remain wet to provide adequate kill time. This information is found on the product container label.
CHAPTER 5 - LABORATORY

Specimen Labeling - Important things to know
All laboratory specimens must be labeled at the patient’s bedside with the following information (at a minimum):

- Patient Name
- Patient DOB
- Date of Collection
- Time of Collection
- Initials of Collecting Staff Member

Culture Specimens must have the collection site on the label as well. Specimens that do not meet this requirement will be rejected by the lab.

Pathology Specimens must be accompanied by a completed requisition. All the requested information needs to be filled out. If any preservative is added, you should write the additive on the outside of the container with a sharpie.

Critical Lab Values must be received by a licensed care giver. The lab staff will require that you read back the information given to you and ask for your name so they can document the transfer of information.

Blood Bank Specimens must be collected in the presence of lab staff.

Line draws are acceptable if they are witnessed by a lab assistant and the collector appropriately documents the collection on the specimen.

Arm Bands are not to be removed unless the patient is being discharged from the healthcare system.

This means the patient retains the original armband when moving from the Emergency Department to In-Patient status or In-Patient to Rehab status.

The sticker on the armband may be changed without changing the armband.
CHAPTER 6 - ADVERSE DRUG REACTION (ADR)

Significant Adverse Drug Reaction (ADR)

Definition: Any unexpected, unintended, undesired, or excessive response to a drug that:

- requires discontinuing the drug
- requires changing the drug therapy
- requires modifying the dose (except for minor dosage adjustments)
- necessitates admission to the hospital
- prolongs stay in the healthcare facility
- necessitates supportive treatment
- significantly complicates diagnosis
- negatively affects prognosis, or results in temporary or permanent harm, disability or death.

When a suspected ADR occurs, staff will:

1. Render necessary clinical interventions to treat the ADR.
2. Discontinue the drug in question, unless such an act would endanger the health of the patient.
3. Notify both the attending and prescribing physician. Ascertain what supportive or follow-up action(s) should be taken and document in the physician’s orders and notify Pharmacy Services.
4. Record the ADR and the follow-up action in the patient medical record in the appropriate progress notes. Documentation in the patient record should be completed by the person observing the reaction or by another individual who is authorized to make such entries in the medical record.
5. Complete an online Incident/Occurrence Report.

ADR’s are reviewed by the Pharmacy/Blood Utilization Committee (PBUC)

CHAPTER 7 - HEALTH REQUIREMENTS

Immunizations

- Staff and students shall provide proof of immunizations in accordance with CTH requirements, prior to providing patient care and shall maintain immunizations throughout their term of employment with contracting provider. Immunizations shall include but are not limited to:

  a. TB - Initial two step negative test completed **within the last 12 months prior to start date.** Annual negative PPD thereafter.
  b. Rubella and Rubeola - Proof of immunity to Rubella and Rubeola by titer or evidence of 2 MMR vaccines, or start of series.
  c. Varicella (Chicken Pox) - verification by history or titer. If unknown or negative disease history, begin and complete vaccination series.
  d. Hepatitis B – CTH strongly recommends Hepatitis B vaccines (or a signed Declination Form) for all nurses providing patient care.

CTH strongly recommends a seasonal flu vaccination and may request evidence of current immunization or declination form. In extreme flu seasons wearing a face mask or a vaccination may be mandatory.
Respirator Fit testing
CTH makes the determination if Respirator Fit testing is required, based on exposure. Respirator Fit testing with N-95 masks, if required, will be provided by appointment with CTH employee health.

Bloodborne Pathogens Safety Precautions

ALWAYS:
- Handle all blood and body fluids as if they are infectious.
- Dispose of sharps properly.

FACT: Hep-B, Hep-C and HIV are most easily spread by contact with infected blood.

FACT: Contaminated sharps pose the greatest risk of blood borne pathogen exposure.
Note: Nearly one-third of all sharps injuries happen during disposal.

FACT: Sharps safety devices decrease exposure. Do not try to short-cut these devices.

FACT: Exposure often occurs when:
- Disposing of needles
- Cleaning up after a procedure
- Giving medications
- Handling trash and dirty linens
- Drawing blood
- Contaminated sharp punctures skin
- Recapping needles

Hepatitis B virus (HBV)

FACT: HBV does not necessarily present with symptoms. (~10% present as chronically infected) Note: HBV CAN cause liver damage.

FACT: HBV is a greater risk to healthcare workers than Hep-C or HIV as it is more easily transmitted.

FACT: The HBV vaccine series is safe and very effective.

Hepatitis C virus (HCV)

FACT: ~85% of people infected with HCV have chronic infections which CAN cause serious liver damage.

FACT: There is no vaccine to prevent hepatitis C.

HBV, HCV & HIV FACT: Most common portals of entry for HBV, HCV and HIV are Infected blood splashing on broken skin or mucous membranes of your eyes, nose or mouth.

The risks of infection are real and should be taken seriously. You can protect yourself by using safe work practices. Research, better surveillance, preventative treatment and advances in technology will continue to give us a sharper image of blood borne pathogens. The more we know about preventing the risks, the better we can protect ourselves. Contact your direct supervisor and/or Infection Control with any questions regarding blood borne pathogens.
CHAPTER 8 - PATIENT SAFETY

Patient Safety Officer
The primary role of the Patient Safety Officer is oversight of the facility patient safety program. This role facilitates performance improvement that supports error reduction and other contributing factors to adverse events.

Patient Safety Initiatives
Patient safety is a national issue and concern. Organizations nationwide are working to improve safety and quality through collaboration, data collection, and performance initiatives.

The Joint Commission (JC), Centers for Medicare/Medicaid Services (CMS), Leapfrog, Institute for Healthcare Initiatives (IHI), and Nursing Database for Healthcare Quality Initiatives (NDHIQ) are just a few examples of the organizations that are working towards improving and optimizing an environment of patient safety and good quality care.

Licensure
All positions requiring licensure must maintain a current State of Nevada nursing license.

BLS/ACLS Requirements
All clinical staff are required to have a current American Heart Association BLS card. ACLS and PALS may also be required in specified patient care areas.

Incident/Occurrence Reporting
Along with CTH employees, contract staff shall report any incidents/occurrences. Advise your Charge Nurse immediately of ANY incident/occurrence that develops while you are providing care. Your direct supervisor will either complete the report or orient you to the process.

Incidents/occurrences shall be defined as ANY unusual event, or circumstance that varies from or is inconsistent with the normal routine operation of the healthcare system, its staff, care of a particular patient, including an unusual or unexpected response by the patient to standard treatment or medical intervention and may include such variances as:

- Falls
- Errors
- Equipment Failure
- Medication Events
- Safety/Security
- Unanticipated/Poor Outcomes (Code Blue)
- Omission in Treatment
- System Problems
- Procedures
- Patient Care Concerns
- Accidents involving patients, visitors, or employees that could have or did result in injury (no matter how slight) or death
The following types of incidents require **immediate notification** to the Patient Safety Officer, Risk Manager, or the Quality & Outcomes Department:

- Serious Patient, Visitor or Employee Injury
- Equipment Failure
- Threatened Lawsuit
- Complaint Regarding Quality of Care
- Sentinel Events

**National Patient Safety Goals**

Each year The Joint Commission publishes National Patient Safety Goals. These are broken down in categories of:

- Ambulatory Health Care
- Behavioral Health Care
- Critical Access Hospital
- Home Care
- Hospitals
- Laboratory Services
- Long Term Care
- Long Term Care (Medicare/Medicaid)
- Office-Based Surgery

The Hospital Goals can be found on the Carson Tahoe Health Intranet. If you do not have intranet access, they can be found at: [http://www.jointcommission.org/standards](http://www.jointcommission.org/standards)
Carson Tahoe Cancer Center

Nationally acclaimed care. State-of-the-art treatment. Award-winning resources - all under one roof.

Carson Tahoe Cancer Center is Nevada’s only freestanding cancer center offering comprehensive cancer care. Patients experience complete cancer treatment, intervention, support and after-care in one convenient location. The Center has accreditation with commendation by the American College of Surgeons Commission on Cancer.

CARSON TAHOE CANCER CENTER FACILITY INFORMATION

Located at 1535 Medical Pkwy, Carson City, NV 89703

Staff parking is located in the upper lots on the west side of the Center.

Carson Tahoe Cancer Center follows all applicable Key Policies of Carson Tahoe Health RMC as set forth in the Orientation Guide.

You will be shown site specific locations of fire alarms, extinguishers, emergency procedures, restrooms, break areas, etc. There is no onsite food available.

The main phone number is (775) 445-7500
CANCER CENTER NOTES:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Immediate Supervisor
Name:_________________________________________Phone: Office ______________________

Cell __________________________
Medical conditions have no timeline. In fact, many diseases and injuries need treatment in a hospital setting designed especially for long-term medical care. Our patients typically stay for 18-35 days - enough time to truly treat complicated injuries, illnesses or chronic medical conditions.

Specialized Treatment Through Integrated Teams of:
• Hospital-Dedicated Physicians
• Physical Therapists • Certified Wound Care Specialists • Speech Pathologists
• Infectious Disease Specialists • Nutritional Specialists • Specially Trained Nurses
• Social Workers • Occupational Therapists
• Social Workers • Case Managers - To follow-up on your transition from discharge

CARSON TAHOE CONTINUING CARE HOSPITAL FACILITY INFORMATION

Located in the Carson Tahoe Specialty Medical building, 775 Fleischmann Way, Carson City, NV 89703.

Patient Parking and Handicapped areas are marked in the east parking lot in front of the building. Otherwise, parking is open for staff.

Carson Tahoe Continuing Care Hospital follows all applicable Key Policies of Carson Tahoe Health as set forth in the Orientation Guide.

You will be shown site specific locations of fire alarms, extinguishers, emergency procedures, restrooms, break areas, etc. Midtown Café onsite available for meals M-F 0800 - 1430.

The main phone number is (775) 445-7795
Outpatient Medical Imaging

Carson Tahoe offer numerous imaging services and various locations. Great Basin Outpatient Imaging provides many of these convenient outpatient services.

Carson Tahoe Outpatient Imaging offers a wide variety of imaging services.
  • PET/CT  • Computerized Tomography (CT Scan)
  • Digital Mammography  • DEXA Scan  • Diagnostic X-ray
  • Stereotactic Breast Biopsy  • MRI
  • High Field MRI  • Open MRI  • Interventional Radiology
  • Fluoroscopy  • Ultrasound  • Venous Ablation

CARSON TAHOE OUTPATIENT IMAGING EAGLE MEDICAL CENTER FACILITY INFORMATION

Located at the Eagle Medical Center, Great Basin Imaging Third Floor, 2874 N. Carson Street, Carson City, NV 89706

Staff parking is on the north, south and west perimeters of the building. The front of the building is for patient parking only.

Carson Tahoe Outpatient Imaging follows all applicable Key Policies of Carson Tahoe Health as set forth in the Orientation Guide.

You will be shown site specific locations of fire alarms, extinguishers, emergency procedures, restrooms, break areas, etc. No onsite food service available.

The main phone number is (775) 445-5500
OUTPATIENT IMAGING NOTES:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Immediate Supervisor
Name:______________________________ Phone: Office ______________________

Cell ___________________________
Sierra Surgery Hospital is a beautiful, 15-bed specialty hospital with spacious private rooms, views of the majestic Sierra Nevada Mountains. Patients enjoy a variety of amenities and personalized care in a soothing private environment – it is a true boutique hospital experience.

Sierra Surgery Hospital offers:
- Large, comfortable, and pristine private rooms – comparable to a 5-star hotel
- Easy access with quick and convenient parking – just a few steps from your car
- Menus with an assortment of tasty meal options – conveniently choose your meal preference and one of our reputable chefs will do the rest
- Low patient-to-nurse ratio, allowing for superior hospitality and personalized services
- Most Sierra nurses have a special accreditation in perioperative services, giving the facility an advanced designation

SIERRA SURGERY HOSPITAL FACILITY INFORMATION

Located at 1400 Medical Parkway, Carson City, NV 89703

Parking: Employees may park on the East and the North side of the building and enter through the employee entrance. An employee badge will be needed for access. The main entrance of SSH is open 5:30am to 9pm.

Identification: While on hospital property, all staff are required to wear a Sierra Surgery Hospital (SSH) issued photo ID accompanied, if applicable, by their Contract Company identification badge. Should employment be terminated, the SSH ID badge is to be returned immediately to the department manager/nurse manager. Badge will then be returned to Carson Tahoe Health Human Resources within 5 working days.

Smoking: Smoking is not allowed anywhere on the SSH campus.

Illness/Injury: If you should incur an injury or become ill, it must be reported immediately to your direct supervisor / manager or their representative.

Meal time/Food resources: SSH does not have a cafeteria. Vending machines with snacks and beverages are available. Employees are encouraged to bring their own meals / snacks / beverages. The Sage Cafe is located on the first floor, northeast section of the Regional Medical Center (RMC) building, a short distance from SSH.

SSH uses the same emergency Codes as Carson Tahoe Health, with the addition of Code Silver (Armed Intruder).

The main phone number is (775) 883-1700
SIERRA SURGERY HOSPITAL NOTES:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Immediate Supervisor
Name: ____________________________ Phone: Office __________________________

Cell __________________________
Carson Tahoe Surgery Center

As an outpatient for Surgery, you will receive sophisticated care from our physicians and staff. Outpatient procedures are procedures not requiring an overnight hospitalization. Our operating rooms at Carson Tahoe Surgery Center provide state-of-the-art equipment which allow our surgeons and staff the environment to focus and care for the patient.

Some common outpatient procedures performed are:
- Ultrasound Guided Biopsies
- Endoscopy - i.e. Bronchoscopies and Colonoscopies
- Centesis - i.e. Thoracentesis (lungs) and Paracentesis (abdomen)
- Infusions - i.e. Antibiotic Infusions and Hydration Infusions
- Transfusions

CARSON TAHOE SURGERY CENTER

Located at 973 Mica Drive, Carson City, NV 89705

Staff are encouraged to leave parking spaces closest to entry for patients.

Carson Tahoe Surgery Center follows all applicable Key Policies of Carson Tahoe Health as set forth in the Orientation Guide.

You will be shown site specific locations of fire alarms, extinguishers, emergency procedures, restrooms, break areas, etc. There is no onsite food available.

The main phone number is (775) 445-7970
**Carson Tahoe Therapy Locations**

Carson Tahoe offers out-patient physical, occupational and speech therapy at five convenient Northern Nevada locations.

<table>
<thead>
<tr>
<th>Carson Tahoe Minden Medical Center</th>
<th>Carson Tahoe Dayton Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Carson Tahoe Minden Medical Center" /></td>
<td><img src="image2" alt="Carson Tahoe Dayton Medical Center" /></td>
</tr>
<tr>
<td>925 Ironwood Drive, Minden, NV</td>
<td>901 Medical Center Drive, Dayton, NV 89403</td>
</tr>
<tr>
<td><strong>Services</strong></td>
<td><strong>Services</strong></td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>Speech Therapy</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>(775) 445-7842</td>
<td>(775) 445-7606</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Holbrook Therapy</th>
<th>Therapy at North Roop Professional Center</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image3" alt="Holbrook Therapy" /></td>
<td><img src="image4" alt="Therapy at North Roop Professional Center" /></td>
</tr>
<tr>
<td>1550 South Highway 395, Holbrook Junction, Gardnerville, NV</td>
<td>755 Roop Street, Suite 107, Carson City, NV</td>
</tr>
<tr>
<td><strong>Services</strong></td>
<td><strong>Services</strong></td>
</tr>
<tr>
<td>Outpatient Physical Therapy</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>(775) 266-3035</td>
<td>Speech Therapy</td>
</tr>
<tr>
<td></td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td></td>
<td>(775) 885-6686</td>
</tr>
</tbody>
</table>

Carson Tahoe Surgery Center

<table>
<thead>
<tr>
<th>Carson Tahoe Surgery Center</th>
<th>Therapy at North Roop Professional Center</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image5" alt="Carson Tahoe Surgery Center" /></td>
<td><img src="image6" alt="Therapy at North Roop Professional Center" /></td>
</tr>
<tr>
<td>973 Mica Drive, Carson City, NV 89705</td>
<td>755 Roop Street, Suite 107, Carson City, NV</td>
</tr>
<tr>
<td><strong>Services</strong></td>
<td><strong>Services</strong></td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>Speech Therapy</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>(775) 445-7950</td>
<td>(775) 885-6686</td>
</tr>
</tbody>
</table>
Carson Tahoe has a full team of experienced medical professionals specializing in physical, occupational, and speech therapy. We accept most insurance plans including Medicare, Medicaid, Blue Cross/Blue Shield, Aetna and many others. Therapy services are offered at five convenient Northern Nevada locations.

Carson Tahoe Therapy is collaborating with Cancer Services to provide Rehabilitation Services to Cancer patients with appropriate needs.

**CARSON TAHOE OUTPATIENT THERAPY SERVICES**

Locations are outlined on reverse side.

Staff are encouraged to leave parking spaces closest to entry at each location for patients.

Carson Tahoe Therapy follows all applicable Key Policies of Carson Tahoe Health as set forth in the Orientation Guide.

You will be shown site specific locations of fire alarms, extinguishers, emergency procedures, restrooms, break areas, etc. There is no onsite food available, most staff bring their lunches.

The main phone numbers for each location are listed on reverse side.

**CARSON TAHOE SURGERY CENTER NOTES:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Immediate Supervisor

Name:  ___________________________  Phone: Office ___________________________

Cell __________________________
CHAPTER 10 - QUICK REFERENCE CONTACT INFORMATION

Note: All 445 - numbers may be dialed from most CTH locations as extensions, using only the last four numbers. To dial outside lines you must dial 9 first, then the number.

- Bio-Med - 445-8994
- Codes - RMC - 5555
- Codes off-campus locales - Call 9-1-1
  NOTE: If dialing 9-1-1 from a CTH 445 prefix, you must Dial 9, then 9-1-1
- Compliance/Privacy Office - 445-8776 (Apryl Lucas)
- Employee Health - 4445-8180 (Terry Long)
- Infection Control - 445-8317 or Cell 450-5541 (Doris Dimmitt, Hospital Epidemiologist)
- Patient Relations 445-5148 (Natalie Arneson) / Care Concerns - 445-8008
- Patient Safety Officer - 445-8784 (Stephanie Hoyle)
- Pharmacy Manager - 445-8648 (Wayne Mitchell)
- Quality & Outcomes Director - 445-8834 (Mary Mang)
- Risk Manager - 445-8782 (Ann Dahl)
- Security - 445-8023
- Vocera - 445-5510 - Say the name or title of the person you are seeking
  Note: Vocera is not private. Do not divulge patient PHI while using Vocera.
- Watch Engineer - 291-1177

Nurse Managers

- AC - 315-7125 or Vocera 445-5510
- BHS - 445-7351 (Janet O’Grady)
- ER - 445-8729 (Joni Maestretti)
- CCU - 445-8240 (Monica Green)
- Medical Oncology - 445-8314 (Debbie Klipp)
- OB/Peds - 445-5121 (Shelly Koontz)
- Surgical/Ortho - 445-8488 (Mary Wilhoite)
- Telemetry - 445-8320 (Laura Nevin)

Charge Nurses

Dial Vocera 445-5510 and say “(Floor) Charge Nurse” i.e. “Telemetry Charge Nurse”.

VOCERA REMINDER: Vocera calls are not private. When a call is answered, ask if the recipient is in a “safe place”, meaning can they talk about confidential information. If not, arrange to have them call you back from a secure landline.
Important Contact

Name:_________________________________________ Phone: Office _______________________
          Cell __________________________

Name:_________________________________________ Phone: Office _______________________
          Cell __________________________

Name:_________________________________________ Phone: Office _______________________
          Cell __________________________

Name:_________________________________________ Phone: Office _______________________
          Cell __________________________
CHAPTER 7 - CONFIDENTIALITY & INDEMNIFICATION AGREEMENT

In order to ensure confidentiality and protect the interests of CTH, its affiliates, subsidiaries or facilities and its patients, the following are the organization’s policies regarding confidential or proprietary information and indemnification. This applies to any individual participating in employment, a contracted position or as a student at any CTH affiliate, facility or subsidiary location.

Confidentiality Agreement
No individual participating in employment, a contracted position, or as a student at CTH facilities shall reveal or disclose the identity, eligibility or health condition of any patient or any information related thereto, except to authorized individuals and as specifically authorized in the scope of the individual’s duties to provide services to the patient; nor shall he/she in any other way make public or utilize confidential information unless specifically authorized in the scope of his/her duties.

Additionally, individuals participating in employment, a contracted position or as a student may have access to personal information about other employees and/or physicians. As such, you shall not reveal or disclose this information to others. Examples include, but are not limited to, information regarding an employee’s schedule and contact information such as personal phone numbers.

Indemnification Agreement
To the extent allowed by law, individuals participating in employment, a contracted position or as a student must agree to indemnify, defend and hold harmless CTH, its officers, employees, agents, and representatives against all claims, demands, damages, costs, expenses, including court costs and reasonable attorney fees arising out of or resulting from their negligence.

Any participant in employment, a contracted position or as a student who violates these provisions during or after completing contractual duties shall be subject to discipline and/or denied any further or future positions with CTH.

All covered individuals having access to any such information shall agree to these policies as a condition of his/her employment, as a contracted position or as a student with CTH and/or its affiliates, subsidiaries or facilities.

I hereby agree to forward all requests for the release of confidential information to my supervisor. I also agree to report any and all violations by myself or any other person to the appropriate CTH official.

I hereby understand and agree that in the course of my assignment at CTH and/or any of its affiliates, subsidiaries or facilities, I may acquire confidential information and trade secrets concerning its operations, future plans and methods of doing business. For purposes of this provision, “confidential information” and “trade secrets” include, but are not limited to rules, guidelines and practices, service area expansion plans, pricing and discounting practices, information relative to employer group
protocols and discount rates, information relating to the experience ratings of customers, pricing
agendas and criteria for employer groups, and medical cost ratio data relating to employer groups.

I understand and agree that disclosure of such confidential information could be extremely damaging
to the organization if disclosed to a competitor or made available to any other person or entity. I also
understand and agree that should such information be divulged to me in confidence I understand and
agree that I will keep such information secret and confidential and not use such information for any
purpose whatsoever.

I further acknowledge and agree that the organization could be irreparably harmed by any violation or
threatened violation of this Confidentiality & Indemnification Agreement. Therefore, the organization
shall be entitled to an injunction prohibiting any individual participating in employment, as a
contracted position or as a student from any violation or threatened violation of this
confidentiality/indemnification provision in addition to any other relief permitted by law.

I, ______________________ (print name), hereby acknowledge that I have read and
understand the Carson Tahoe Health Orientation Guide and all of the policies and procedures
referenced therein including this Confidentiality and Indemnification Agreement. By signing this
Agreement I am acknowledging my responsibility to comply with all of the programs, procedures and
policies as described therein.

______________________________
Signature

______________________________
Date

This is a legally binding 2 page agreement and signor should keep a copy for personal records