



ORIENTATION MANUAL

FOR

OBSERVATIONS/CLINICALS/INTERNS

Welcome to Crouse Health

As a healthcare institution, we must comply with regulations and requirements of various local, state, and federal agencies that oversee workplace safety. Before any person performing duties or observing is allowed within any patient care area, the hospital must ensure that you have been informed of life safety and patient rights issues. This orientation booklet has been designed to assist you in helping meet these requirements while in your role as an employee, student, affiliating instructor, vendor or volunteer. The information in this packet is designed to provide you with information you need to remain safe while in our hospital and also provides you with an overview of the services Crouse Health provides. Please read through this orientation booklet and become familiar with the policies and procedures.

Your health clearance, confidentiality and waiver form must be on file in Education and Professional Development and/or the Employee Health Office prior to you being allowed within a patient care area. All of these forms are included in this packet and can be detached for completion. When complete each form should be returned to the address indicated on the form.

The health clearance, orientation receipt, confidentiality and waiver form must be updated yearly. If you have questions or need more information about any issue or policy in this packet, please call the Education and Professional Development Coordinator at 315-470-7801.

Thank you for your cooperation in this matter.

CROUSE HEALTH

Mission Statement & Guiding Beliefs

OUR MISSION

In February 2020, Crouse Health's Board of Directors reaffirmed the mission, and approved new vision and values statements for the healthcare system. All three statements were developed with input from the health system's management staff, a core group of employee "leaders" representing a number of departments, medical staff leadership, and the board of directors.

Mission

To provide the best in patient care and to promote community health.

Vision

Crouse Health will provide an exceptional experience as the most trusted system for healthcare.

Values

C - Community - working together while appreciating our differences

R - Respect - honor, dignity, and trust

O - Open and honest communication

U - Undivided commitment to quality and to the patient experience

S - Service to our patients, physicians and ourselves

E - Excellence through innovation and collaboration

Service Excellence Standards

I Will...

- Hold myself accountable to the mission, vision and values, and treat you with dignity and respect.
- Commit to a healing environment, by maintaining a collaborative, clean, quiet and clutter-free facility.
- Communicate and collaborate respectfully to enhance the human experience.
- Have my ID badge visible and be ready to acknowledge everyone with friendliness, courtesy and respect.
- Value diversity and seek ways to be inclusive.
- Display a positive attitude and be receptive to change.

Hospital Overview

SERVICES

Crouse Hospital is a 504-bed not-for-profit acute care hospital serving the people of 15 Central New York counties.

The hospital is situated in a larger healthcare and educational complex. It is bordered on the north, west and south by the campus of the State University of New York (SUNY) Upstate Medical University and on the east by Syracuse University. Within three city blocks of the hospital are the SUNY College of Environmental Sciences and Forestry; Hutchings Psychiatric Hospital, a 200-bed acute-care psychiatric facility; the 379-bed Veterans Administration Medical Center; Toomey Abbott Towers, an independent living center for the elderly sharing dining.

Crouse Hospital is a major teaching and tertiary care center. It shares responsibility for teaching and training medical students and residents with SUNY Upstate Medical University.

General Information

1. Health Clearance

The Health Clearance form must be completed and accompany a copy of your health-care records. PLEASE: Do not send any health information other than the test results which are indicated. If the form is completed by an MD/NP/PA, it must be signed by them. The form is then submitted to Education and Professional Development or Employee Health prior to an individual being allowed in any patient care area. Additionally, the hold harmless release form must be filled in and signed. This health clearance must be updated annually and maintained in Educational Services or Employee Health.

To protect our employees and patients at Crouse Hospital, it is requested that individuals should not enter patient care areas if they have a suspected or confirmed communicable disease or illness that would be a potential risk to our patients or staff.

Some symptoms that should prompt you to question the appropriateness of entering a patient care area include, but are not limited to:

1. Fever, chills
2. Signs and symptoms of strep infection
3. Cough, sputum production especially if persistent over 2 weeks
4. Skin eruptions, vesicles, skin lesions, weeping dermatitis, (e.g. Herpes simplex, chicken pox, herpes zoster)
5. Draining wounds, sores
6. Diarrhea

2. Name Tag/Dress Code

Name tags from your company/school or CH identification tags, (which are obtained on arrival at CH and before entering any area or department of the Hospital), must be worn at all times.

Identification tags can be obtained for a one or two day observation on arrival in the main lobby. For a longer period of time, identification tags can be obtained from Human Resources, 8th floor Memorial.

For students, school-provided name pins are required.

It is expected that all students/observers dress professionally and meet regulatory compliance in or on clinical areas. Dress code requirements include:

- Business professional attire
- Closed-toed shoes – no sandals, flip-flops, or CROCS with open holes
- No tank tops or tube tops
- No jeans; leggings are permitted only under a tunic or dress
- No body piercing with the exception of earrings
- No shorts or Capri pants
- No artificial nails, nail wraps or add-on's if you have patient contact
- No perfume, scented lotions

3. **Computer Documentation/Access**

Crouse Hospital has implemented multiple computer systems that support clinical results and clinical documentation. Certain areas allow students to document using a computer system.

Some students (who are in health career programs such as RN, PA or RT) will be asked by their preceptor to access medical test results via the computer during their experience. All information on patients entered or accessed/viewed by a student must be held strictly confidential. Access to the system is granted by the Student Affiliation Coordinator after the Net Access request form is completed and signed by the student. Individuals who are only observing and not documenting patient information in the computer will not be given Net Access.

4. **Parking**

Parking/parking costs are the responsibility of the vendor/technical consultant, student or instructor. The hospital-parking garage is available.

5. **Phones**

Cell phones are allowed in **specified areas of the hospital only**. Texting and use of cell phones should occur ONLY on "break time." If use of cell phones is disruptive, a student/observer may be warned or asked to leave.

6. **Smoking – Crouse Hospital is proud to be a smoke-free facility.**

Smoking is a fire and health hazard. Providing healthcare services and education about the prevention of disease and at the same time allowing smoking on the premises is inconsistent with our mission. A hospital has a responsibility to take a leadership role in promoting healthy life styles and preventing disease, as well as protecting patients, employees and visitors from health hazards. Smoking is not permitted on any Crouse Hospital property including buildings, garage, walkways and surrounding areas. All visitors, patients, physicians, staff and students will not be able to smoke. Crouse Hospital has strict smoking policies. All students, instructors, and vendors are expected to observe these policies.

7. **Emergency Procedures: (See Code chart on next page.)**

Emergency procedures are announced by the hospital telephone operators over the page system. To report an emergency, dial extension 17555 on a Crouse telephone.

In the event you notice a fire, activate the nearest pull box alarm, close any windows or doors, and evacuate using the nearest exit. Follow directions of the staff.

Emergency Procedures: Code Chart

Codes	Meaning	Call
Code Red 	Fire, smoke or the odor of something burning	x17555
Code Blue 	Cardio pulmonary Arrest. This is for adults .	x17555
Code	Cardio pulmonary Arrest. This is for children .	x17555
Code Green 	Evacuation – Follow evacuation plan.	x17555
Code HICS	There is an internal or external event which is requiring the activation of the Incident Command Center. Staff will respond as indicated for a disaster.	x17555
Code Amber 	An infant/child (age 18 or younger) is missing.	x17555
Code Black 	Weather potentially endangering the hospital. Move staff, patients, and visitors away from windows. Close doors in all unoccupied or vacant rooms.	x17555
Code Gray 	A patient is missing. Nursing staff search the unit/area where patient was last seen. Security will also search. Police will be notified in 1 hour if patient is not located.	x17555
Code Orange 	Contaminated patients are presenting to the Emergency Department from an external hazardous Materials Spill. Decontamination is needed. Access to facility is restricted.	x17555
Code Silver 	A person with a weapon and/or an individual is being held against their will by an armed/unarmed perpetrator. Clear area to avoid others from being taken hostage.	x17555
Code Yellow 	Bomb threat has been received or potential explosive device has been discovered.	x17555
Code C	Stat Cesarean delivery.	x17555
Code OB	Emergency OB response on a unit that does not usually have or are equipped for delivery.	x17555
Code M or Code B	Code M: Patient's condition takes a sudden change requiring an assessment. Code B: Patient or individual is displaying signs consistent with a stroke.	x17555
Code H	Patient or family member needs help	x17555
Code S-911	Offsite location has a potential emergency situation and needs assistance.	Dial 911
Code Clear	All clear. Situation has been resolved.	

8. Occurrence/Incident Reporting

Report any injury or unexpected event to hospital staff promptly. Please contact the department head of the area you are working in if you should need assistance in this area.

Putting Patients First: Language Interpretation/Translation Services at Crouse Hospital

Services/Documents for non-English Speaking Individuals

- **Language Line** **1-800-643-2255 or 1-800-523-1786 Hospital ID=202067**

Language Line is a telephone service to be used when any patient appears not to understand the English language. It provides for interpreters of over 150 languages and is available 24 hours a day, 365 days per year. Even if the patient speaks some English, the hospital is responsible for making sure the patient completely understands what is being spoken. **Use of the Language Line is a patient right's issue.**

**The policy is in Hospital Documents: LEP (Limited English Proficiency)
Mini-poster January 20, 2020**



- **Dual Hand Sets for Phones**

Dual handset devices are located in several areas of the hospital. If a device is needed, contact the Administrative Supervisor.

- **Identification of Language Being Spoken/Needed**

Areas of entry into Crouse Hospital should have a poster or hand cards from *Language Line* that have a request for interpreter in multiple languages. The person who does not speak English can point at the part of the card where his/her language is written. The person seeing this will then contact the *Language Line* and assist for language interpretation for this language.



- **Hearing Impaired Services**

Language Line Audio-Visual Device is a device that enables communication between Crouse Hospital and the Language Line utilizing audio and visual signals so that patients with hearing impairments will have access to American Sign Language interpretation 24 hours per day within required timeframes within 10 minutes in the Emergency Room and within 20 minutes for all other patients/family members.

Interpretation Services (American Sign Language) are also available from AURORA of CNY. If a need for professional interpreter services is identified, the charge nurse, nurse manager or administrative supervisor contacts **Aurora of CNY at 422-7263 or Whole Me at (315) 468-3278 for provision for an interpreter.**

- **Visually Impaired Services**

Braille typed documents are available in Admitting. These Braille documents contain information regarding patient's rights and consents. These include:

- 1013 Consent for Treatment
- 1015 Operative Consent
- 1015C Anesthesia Consent
- 1500 Patient's Bill of Rights
- 5563 Notice of Privacy Practices

The Crouse Hospital Library (x7380) can assist with obtaining diversional activities.

CONFIDENTIALITY, PRIVACY AND PATIENT RIGHTS

OVERVIEW

Confidentiality

All information documented in a patient's record or otherwise known about a patient is confidential. It is the responsibility of all affiliates (e.g. students, vendors, physicians, etc.) of the Syracuse hospitals to safeguard this confidential information against misuse and/or from individuals who are not authorized to have access to it.

- The hospital corridors, elevators and cafeteria are public areas. Patient information is not shared in these areas.
- Members of the press, police, governmental agencies and/or individuals seeking information about patients, the hospital and/or picture taking privileges are referred to the appropriate administrator.
- Additionally, all people affiliated with the hospital are responsible for protecting and respecting the basic rights (included in the Patient's Bill of Rights) of all patients.
- Patient information is **not shared** with family, friends, or on social media.

Note: Crouse Hospital provides substance use disorder treatment. Any experience in these areas may require an additional signed document indicating compliance with the laws surrounding patient information. That form is signed the first day of the experience.

1. Understand and use the rights. If for any reason the patient does not understand the rights, assistance is provided by the hospital including the use of an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, or source of payment.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Receive emergency care if needed.
5. Be informed of the name and position of the doctor who is in charge of his/her care in the hospital.
6. Know the names, positions and functions of any hospital staff involved in his/her care and refuse their treatment, examination or observation.
7. A "no smoking" room.
8. Receive complete information about his/her diagnosis, treatment and prognosis.
9. Receive all the information that he/she needs to give informed consent for any proposed procedure or treatment. This information includes the possible risks and benefits of the procedure or treatment.
10. Receive all the information needed to give informed consent for an order not to resuscitate. The patient has the right to designate an individual to give this consent for him/her if he/she is too ill to do so. If additional information is requested, a copy of the pamphlet "Do Not Resuscitate Orders - A Guide for Patients and Families" is provided.

(Confidentiality, Privacy and Patient's Rights-continued)

11. Refuse treatment and be told what effect this may have on his/her health.
12. Refuse to take part in research. In deciding whether or not to participate, the patient has the right to a full explanation.
13. Privacy while in the hospital and confidentiality of all information and records regarding his/her care.
14. Participate in all decisions about his/her treatment and discharge from the hospital. The hospital must provide the patient with a written discharge plan and written description of how he/she can appeal his/her discharge.
15. Review his/her medical record without charge and obtain a copy of his/her medical record for which the hospital can charge a reasonable fee. The patient cannot be denied a copy solely because he/she cannot afford to pay.
16. Receive an itemized bill and explanation of all charges.
17. Complain without fear of reprisals about the care and services he/she is receiving and to have the hospital respond to him/her and if he/she requests it, a written response. If the patient is not satisfied with the hospital's response, he/she can complain to the New York State Health Department. The hospital will then provide the patient with the Health Department telephone number.
18. Designate those family members and other adults who will be given priority to visit you consistent with your ability to receive visitors.
19. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital through the Communications Department.

HIPAA

HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. This act adds additional rules for protecting the privacy and security of a person's health information (PHI). Referred to as PHI, any information that could be used to identify an individual or an individual's health status is legally required to be protected by the hospital. PHI can be written, oral, or electronic in form. Staff, students and vendors are responsible to protect that information and required to follow all directions for the protection of that information.

What makes personal health information identifiable? Any of the following:

- Name
- Address
- Employer
- Relative's names
- Date of birth
- Voice prints
- Finger prints
- Photos
- Telephone/Fax #
- Email Address
- Social Security #
- Medical Record #
- Account #
- Certificate #
- Date Of Surgery
- Any Condition Or Characteristic That Could Identify The Person

(HIPAA-Continued)

PHI can be used by the hospital for the treatment, payment and routine business operations if a consent for disclosure is obtained. All patients must receive the written disclosure statement from the hospital upon giving their consent. The Hospital is also required to post this statement for public view.

Additionally a patient has a right to:

- Inspect and copy the PHI
- Request an amendment or correction of the PHI
- Receive a list of all disclosures made and to whom disclosure was made
- Restrict the uses and disclosures of PHI
- Request a certain means of communication regarding PHI

Any person violating disclosures of PHI can be subject to monetary fines up to and including \$250,000 and imprisonment.

You are responsible for safe guarding information in your possession. You are charged with making sure information is secure while in your possession and printed information is discarded in the appropriate manner. You may not discuss anything you observe while at CH that could identify the patient.

In relation to any HIV or chemical dependency information, New York State laws are stricter and hold the Hospital and its caregivers to a higher standard in relation to this information. Do not provide or disclose any information without discussing it with a supervisor.

HIV CONFIDENTIALITY

OVERVIEW

In New York State there are strict laws, which protect every patient's privacy. For patients who have AIDS or have been tested for the HIV virus, the law is even stricter. Here is what you must know:

- As an employee/affiliate of the hospital, if you find out a patient has AIDS or has been tested for the HIV virus, you may not repeat this information to anyone unless you must do so in order to provide direct patient care.

If you break this law, you can lose your job, be fined up to \$5,000 and/or have criminal charges brought against you.

The following information gives details of the New York State law:

KEY POINTS: New York State Department of Health Regulation Part 63: AIDS Testing and Confidentiality of HIV-Related Information

1. Requires that HIV counseling be provided prior to testing and testing be provided on a voluntary basis.
 - Written informed consent must be obtained voluntarily before an HIV-related test is ordered.
 - Exceptions: Not required when test is ordered by court order, required by state or federal law, necessary for organ donation, anonymous research, or used to determine cause of death. All antepartum patients are to be tested prior to admission. If they refuse, it will be offered again in the labor and delivery unit. All newborn infants will receive mandatory testing if the mother refuses. High-risk mothers who refuse testing will receive counseling regarding breast-feeding.
2. Requires that all receive pre-test and post-test counseling.

Pre-test counseling includes:

 - Nature of HIV infection and HIV-related illness
 - Explanation of test and its voluntary nature
 - Benefits of testing, such as early diagnosis and treatment
 - Availability of anonymous testing
 - Prevention of HIV infection
 - Risks involved with disclosure of results

(HIV Confidentiality continued)

Post-test counseling includes:

- How to cope emotionally with the test results
- How to prevent exposure and transmission of HIV virus
- Importance of notifying contacts; partner screening; notification automatic for known partners
- Circumstances for disclosure of HIV information
- Discrimination problems that might arise with disclosure of test results
- Discussion of the ability to revoke the release of HIV confidential information
- Domestic violence screening

3. Specifies the manner and circumstances in which HIV-related information can be disclosed:

- Disclosure with a release form, "Authorization for Release of Confidential HIV-Related Information," must authorize a specific person or organization to receive this information and is considered a one-time release.
- Disclosure without a release form may be made to authorized persons as listed on the informed Consent to HIV Antibody Test Form.
- Protected individuals (tested person) or their legal representative
- Health care facility or a health care provider providing care to the protected individual or their child and anyone working with such a facility or provider who reasonably needs the information to supervise, monitor or administer a health service.
- A contact of the protected person (See #4).
- A committee or organization responsible for reviewing or monitoring a health facility.
- When state or federal law requires.
- Authorized foster care or adoption agency.
- An insurance company for reimbursement to the protected person.
- When a court orders it.
- Divisions of Parole, Probation and Commission of Correction.
- Disclosure cannot be made to a health care provider or health care facility if the sole purpose of disclosure is infection control.

(HIV Confidentiality continued)

- Violations of disclosure may result in a fine up to \$5,000 for each occurrence or criminal charges of a misdemeanor or both.
 - All disclosures of confidential HIV-related information must be documented in the medical record.
 - A statement prohibiting re-disclosure must accompany all written disclosures of confidential HIV-related information.
 - Confidential HIV-related information shall be recorded in the medical record such that it is readily accessible to provide proper care and treatment, including death certificate and autopsy report.
4. Defines the specific circumstances in which a physician can notify a contact without the consent of the protected person.
- A physician must notify a partner without consent if the physician reasonably believes that disclosure is medically appropriate, the partner is at "significant risk" of infection and the protected person will not inform the partner after being counseled to do so unless domestic violence may occur.
 - The physician must inform the protected person of his intent and comply with the protected person's choice of whether the physician or a public health officer will notify the contact. (PNAP)
5. Defines factors and circumstances necessary to create "significant risk" of contracting or transmitting HIV infection; these include:
- Sexual contact
 - Needle sharing
 - Gestation, birthing or breast feeding of an infant of an HIV infected mother
 - Transfusion and transplantation of untested body fluids

HAND WASHING

Hand washing is the most important step you can take to prevent the spread of any infection.

WASH YOUR HANDS!

- Before and after patient contact
- After removal of gloves
- Before entering and upon leaving a patient's room (crossing the hearth)
- After contamination with blood or body fluids
- Before and after eating, smoking
- Before and after personal hygiene & using the toilet



Turn water on and leave running.

Wet hands.



Apply one squirt of liquid soap.

Wash vigorously for at least 15 seconds.



Rinse thoroughly.



Dry well with paper towels. Use towel to turn off water.



Discard towel into trash.

The hospital has instituted a policy of Standard Precautions. In the health care setting it is not always possible to know for sure which patients carry a bloodborne disease. Therefore, blood and all other body fluids from ALL PATIENTS must be treated as potentially infectious for HIV, HCV, Hepatitis B and other Bloodborne pathogens. With standard precautions, gloves, gowns and masks are not routinely worn for patient contact. The type of personal protective equipment you should use depends on the degree of exposure in your job. Your supervisor will tell you specifically what to wear.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Protect Yourself from Exposure to Blood or Other Infectious Materials

Use these barriers:



Gloves: Wear them when you are likely to touch blood or other infectious materials.



Goggles (or other protective eyewear):
Wear them with a mask when blood or body fluids are likely to splash,



Masks: Wear appropriate masks for airborne, droplet precautions and any exposure to blood and body fluid that may splash or spray during a procedure.



Gowns, shoe covers, surgical caps/hoods:

Worn when generation of droplets or splattering of blood, body fluids, secretions, or excretions is likely to penetrate clothing and expose potential non-intact skin. Wear plastic aprons or gowns to prevent soak-through. If you experience a wet through, change your clothes immediately, the hospital will provide you with scrubs.

Resuscitation Devices: Use disposable resuscitation devices such as mouth-to-mask for ventilation during CPR. Avoid mouth-to-mouth resuscitation.

When you are finished using your PPE it must be disposed of properly before leaving the work area.

- Remove gloves using a technique to prevent the spread of infectious materials.
- Dispose of disposable gloves after each patient use or when torn or punctured. Do not wash or re-use (except utility gloves).
- Place soiled cloth gowns in designated laundry bags.
- Place paper gowns and plastic aprons in appropriate trash bags.
- Place non-disposable items in designated area for decontamination.

LAUNDRY PRACTICES

All soiled linen is treated as potentially contaminated. It should be handled carefully to prevent droplets of infectious material from circulating through the air. Gloves must be worn when handling soiled linen and all laundry must be placed in moisture resistant linen bags. Linen bags should be removed from work setting when 2/3 full. Do not overfill.

WASTE

All regulated medical waste (except sharps) is placed in CLEAR BAGS for disposal unless gross soiling with blood → red bags are used, i.e., Operating Room.

WASTE REDUCTION CHART

Regulated Medical Waste (Red Bag)	Solid/Regular Waste (Clear Bag)
<ul style="list-style-type: none"> ● Any item/material/container containing or saturated with free flowing blood or blood components (i.e., transfusion bags & tubing) ● Human waste specimens ● Human pathological specimens ● Human pathological specimens ● Cultures and stocks (agars, gels, broths, human and primate cell lines) ● Serums, vaccines, antigens, antitoxins ● Culture dishes, devices used to transfer, inoculate or mix cultures (loops, wires, flasks, jars, stoppers, plugs, etc.) ● Suction cannulas/containers filled with drainage ● Sharps (must be placed in rigid containers) (Needles, syringes, vacutainer needles, butterflies, scalpel blades, disposable scissors, razors and blades, lancets, introducers) ● All chemotherapy materials (medical vials, bags, tubing, etc.) 	<ul style="list-style-type: none"> ● Feminine hygiene products (menses pads and tampons) ● Disposable gloves, gowns and masks ● <u>Empty</u> IV bags, tubing (no visible blood, name labels peeled off and placed in the HIPAA bin.) ● Empty Foley drainage bags, tubing and disposable catheters (no visible blood) ● Bandages, dressing (unless saturated with blood or other bloody fluids) ● Thermometer covers, dipsticks ● Guiac cards ● Chux, infant and adult diapers ● Paper towels, straws, tissue, disposable cups ● Food (kitchen waste, pizza boxes) ● Plastic vaginal speculums

HAZARDOUS COMMUNICATIONS

The hospitals are in compliance with the Occupational Safety and Health Administration Hazard Communication Standard (29CFR 1910, 1200). This standard requires that all employers have a "written hazard communication program." The full plan for each hospital can be found in the hospital's administration area.

KEY POINTS which are important for you to know include:

- Each hazardous substance has a corresponding Material Safety Data Sheet (MSDS), which provides specific chemical information about the substance.
- These forms are available for review from the Safety Home Page on the computer or through the Security Department.
- If for any reason you feel that you may have been exposed by inhalation, ingestion or dermatological exposure to a hazardous substance, please notify your supervisor or instructor immediately.

ACCIDENTAL SPILL OF HAZARDOUS MATERIALS

If an accidental spill of a hazardous material occurs in your work area:

1. Call Security at ext. 17826. Also contact the department head/nursing supervisor.
2. If possible, have the MSDS ready for the Hazardous Materials Team that will be responding. The MSDS is available from the safety home page on the computer or through the Security Department.
3. Follow the directions of the Security Officer(s) to evacuate and seal off the area. **DO NOT RE-ENTER THE AREA** until told to do so.

FIRE SAFETY

At the first sign of fire in any of the hospital departments:

DO THESE THINGS:

R	RESCUE Remove any patient or injured employee from immediate harm.
A	ALARM Pull nearest fire alarm pull box and call extension 7555 to report the Alert Red to the Operator.
C	CONFINE Close all doors and windows to prevent drafts and the spread of fire and smoke.
E	EXTINGUISH Use proper fire extinguisher.
	AND EVACUATE Only after notification by Administrator, Nursing Supervisor or Fire Chief.

When you arrive in your assigned area for your experience please determine the location of all fire pull boxes and exits.

Crouse Hospital uses color-coded bracelets to communicate to all staff certain things related to patient care. The following chart lists those bracelets used for this purpose. DNR and Limited DNR bracelets are not required when a patient objects to the use and requests to have it removed. It is imperative to insure that the patient's medical record is reviewed for the presence or absence of an advance directive.

Patient Bracelets

Color bracelet(s) are applied to the same limb of a patient as his/her identification band. **EXCEPTION:** Limb alert bracelets are placed on the indicated limb.

The following colors are used to communicate the following information:

- White Standard identification (with appropriate identifiers printed on it)
- Yellow Risk to Fall
- Red Allergy
- Pink No phlebotomy from this limb.
- Purple Do Not Resuscitate*
- Green Stars Limited Resuscitation*

The communication bracelet can be placed on the patient any time within his/her hospitalization when the patient has any of the above assessed concerns.

*If the patient refuses to wear the communication bracelet, this should be documented in the patient's medical record including both paper and electronic entry where requested.

If a bracelet is removed for any reason, the person removing the bracelet is responsible for replacing it.

Note: Also refer to Administrative policies on Identification of Patients and Resuscitate, Do Not.