



Thunder Bay Regional
**Health Sciences
Centre**



ORIENTATION HANDBOOK

2015

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Welcome to Thunder Bay Regional Health Sciences Centre (TBRHSC)!

I am glad you decided to work with us, and think you made an excellent choice. Our mission is to deliver a quality patient experience in an academic health care environment that is responsive to the needs of the population of Northwestern Ontario. You will play an important role in this.

Our commitment is to Patient and Family Centred Care. Every staff member, from clinicians and front-line support staff to researchers and administrators – is vital to enhancing patient experiences. We are also committed to you, and will make every effort to create an environment in which you can achieve your highest level of excellence.

I encourage you to become more familiar with us. Please take the time to explore our website and iNtranet, where you will learn about the programs, services, initiatives and achievements that make TBRHSC an amazing place to work. We are proud to be accountable to our community through Annual Reports, Quality Improvement Plan, and Open Board Meetings.

I strongly believe that Thunder Bay Regional Health Sciences Centre belongs to you as a member of our community, and as a member of our staff.

Welcome to our team!

Bill McCready

Interim President & CEO for Thunder Bay Regional Health Sciences Centre

Interim CEO for Thunder Bay Regional Research Institute

Mission

To advance world-class patient and family centred care in an academic and research-based, acute care environment.

Vision

Healthy Together

Our Values

Patients First

- We are respectful of and responsive to the needs and values of our patients and families. Patient values guide all decisions.

Accountability

- We are responsible to each other to advance quality, safety and Patient and Family Centred Care as measured against principles of best practice and within ethical framework. We are accountable for delivering services that are fiscally responsible.

Respect

- We honour the uniqueness of each individual.

Excellence

- We are recognized leaders in Patient and Family Centred Care through the alignment of Academics and Research with Clinical Services.

Patient and Family Centred Care

Patient and Family Centred Care is the provision of care that is respectful of, and responsive to, individual patient/family needs, preferences and values, and ensures that these values guide all clinical decisions. (Adapted from the Institute of Medicine 2004).

Patient and Family Centred Care (PFCC) takes us on a journey with a richer appreciation of what it takes to do our work in collaborative partnership with patients, families, all staff and

clinicians, across all disciplines and departments. PFCC is the philosophy that guides us in “everything we do”. It is the foundation upon which our strategic plan is built.

Core Concepts of Patient and Family Centred Care (PFCC)

1-Dignity and Respect:

Patient and family perspectives and choices are heard and honoured. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into care planning and decision making. All people are treated with dignity and respect.

2-Communication and Information Sharing:

Healthcare partners share complete and unbiased information with patients and families in ways that are clear, complete, timely, accurate and useful in helping patients and families effectively participate in care and decision-making. Patients and families also share all necessary and relevant information with members of their care team.

3-Participation:

Patients and families build on their strengths by participating in experiences that enhance control and independence.

4-Collaboration:

Patients, families and healthcare partners collaborate in policy and program development, education, research and in the delivery of care.

Patient Family Advisors

Listening and responding to the needs of our patients, families and community is essential for a quality patient experience and is the cornerstone of PFCC. That’s why TBRHSC has focused on the intentional integration of the patient’s voice in many ways. Patient Family Advisors (PFAs) are patients or health care partners who have experienced care at TBRHSC within the past 2 years and want to work in partnership to improve our care and service. There are 85-100 PFAs

ranging in age from 15 – 75+ years old. PFAs advise in all areas of the hospital from the boardroom to the bedside - what can we do as an organization to improve patient experience based on the voice of the PFA. It is as a result of the PFA recommendations that significant processes and initiatives have been implemented and adopted. A few examples include:

- All policies are reviewed by PFAs
- 2 PFAs on all program and service councils including Senior Management, Board Quality etc; PFAs vote is part of decision making
- PFAs are voting participants on all Leadership hirings including CEO selection process
- All patient education materials are reviewed and must be approved by the PFAs
- All projects and committees are required to have a PFA involvement

Current PFCC Strategies:

Engagement

Ensuring all staff understand what PFCC means, how to partner with our patients and families, translate concepts into practice, and support the development of unit specific PFCC Action Plans that our patients and families have identified as a priority. Developing tools and resources to advance our practice, and support the importance of every individual's role in enhancing the experience of patients and families (Annual Sharing & Caring Together Exhibition, PFCC website, annual mandatory certification, communication strategy etc).

Bedside Communication Whiteboards – everyone's responsibility....

The bedside communication whiteboard is a tool that improves communication through collaboration between the patient, family and healthcare team. It is completed through active engagement with the patient and their family and is a reflection of the patient's needs and priorities. It is updated at the beginning of each shift change, when the patient is initially admitted, post operatively and throughout the day as appropriate. All care providers are

encouraged to add information to the whiteboard in collaboration/consultation with the patient/family.

The Communication Whiteboard details specific health concerns, safety or personal needs/aids, patient/family preferences, care plan, healthcare team members, discharge plans and a venue to participate in care when all cannot be at the bedside together. To date, patient and family feedback has been exceptional.

NOD (Name, Occupation, Do)

Everytime you interact with someone new, it is important to say your name, what your occupation is and what you are going to do. E.g. *“Good morning, I am Erin from housekeeping. Is now a good time to clean your room?”* *Hi, I’m David. I am your nurse today. Is now a good time for me to change your dressing?*

Listen

Listening to and considering the perspectives of our patients and families in everything we do is essential. Hearing their stories, and seeking to understand the experience of care, through the eyes of the patient. We utilize a variety of methods to listen – real time surveys, purposeful rounding, vendor post care surveys, compliment/concern process, PFA collaboration, discharge follow-up calls etc.

Purposeful Rounding

“A reiterative or repeating interactive process, conducted with focus intention and purpose, by an individual or group, to obtain patient, family or staff feedback about a condition, state or need.” Press Ganey – Making a Meaningful Connection Through Manager Rounding

Leadership Rounding with Patients develops relationship with patients, increases trust level, improves the patient experience, and provides an opportunity for real time patient experience/service recovery.

Leadership Rounding with Employees – enable manager to stay connected with staff and build on relationship, gateway for coaching, rewards and recognition

Rounding is the #1 action to improve: Employee, Patient and Physician satisfaction. Rounding is a proven strategy which achieves nursing/patient care excellence by proactively building relationships with the patient, family members, employees, physicians and other departments.

Patient and Family Centred Care has become the foundation for all of our care initiatives, integrating best practices related to patient care, flow, quality and safety. We must keep PFCC in the forefront with intentional focus on advancing the practice of PFCC and ensure sustainability. Through our commitment to PFCC, we will continue to bring the concepts from the boardroom to bedside.

Human Resources

The Human Resources department is available during the following hours of operation: Monday to Friday 8:00 AM – 4:30 PM. You may contact Human Resources by phone at 684-6227, fax 684-5829, or email: humanresources@tbh.net.

Some HR services and functions:

- New Hire Meetings – every employee must come to HR to get signed on to our staff.
- Lanyards (Staff) –You will need to come to HR in order to get your lanyard but security will have your ID tag and card case.
- Lanyards (Learners) – All learners can pick up their lanyards in Medical & Academic Affairs)
- Personnel Files
 - All personnel records are confidential and kept in the HR department
 - You may view your file by calling HR and requesting to see your personnel file.
 - No information will be released without an employee signed Authorization, except for verification of:
 - Employment with Thunder Bay Regional Health Sciences Centre
 - Position Title
 - Length of Service
 - Seniority Lists
 - In addition to you, management and HR are the only ones that can view your personnel file

Human Resources – Intranet

TBRHSC intranet is available to employees only. It is accessible both on and off site. Located within the intranet is the Human Resources page. Whether you need information regarding employment, benefits, policies or other aspects of your work life, this site is where you can find it. Some of the resources available through the Human Resources page are:

- Human Resources team contact list
- Employee Resources – Printable forms, FAQ
- Benefit Information
- Job Postings
- Manager Resources – Printable forms, templates
- Mandatory Training List
- Human Resources Policies

- Programs – Affinity Program, Attendance Awareness, Reward & Recognition, Smoking Cessation
- Union Boards – Collective Agreements, seniority lists, announcements

Payroll

- Pay is done by direct deposit on a biweekly basis.
- To make changes to your direct deposit information, you must submit a new form or void cheque to Human Resources.

Mandatory Learning

Each year, all staff are required to complete a number of mandatory learning courses via our online learning management system Medworxx. Courses are launched in Spring and remain open until March 31 each year, at which time all staff must have their courses completed for the year. Courses include topics such as: Hand Hygiene, PFCC, Occupational Health and Safety, WHMIS, Emergency Planning, Workplace Violence, Healthy Backs, Accessibility, Patient Safety, Privacy, and Fire Safety.

For more information regarding mandatory learning, please see policy **#SE-01**

Acceptable Attire

- Tops long and high enough to cover neck, back, midriff and chest
- Skirts, shorts and dresses are not more than two (2) inches above the knee
- Underwear must not be visible through clothing or above the waistband

Unacceptable Attire

- Torn, ripped clothing
- Midriff or off-the-shoulder blouses, sweaters or dresses
- Tight, sheer or revealing clothing
- T-shirts with inappropriate logos or sayings
- Spaghetti straps or strapless tops
- Hats, caps and bandanas (unless worn for safety/health or religious reasons)

Jewelry

Jewelry must be kept to a minimum. Employees who provide direct patient care are limited to medic alert bracelets, plain solid band ring and post type stud earrings.

Perfume and Scents

TBRHSC is a scent free facility. Scented products, such as cologne and perfume are not allowed.

Footwear

All employees are responsible for wearing the appropriate footwear at all times and maintaining the footwear in good condition. Different areas require different footwear so please refer to Protective Footwear policy OHS-os-211 for more information.

Hair

Hair is to be neat, clean and well groomed. Beards and mustaches are to be trimmed and appropriate coverings are to be worn when required by health regulations.

Hands

Hands and fingernails must be clean at all times. To prevent the transmission of infectious diseases in the health care setting, hand hygiene is the single most important means of spreading infection. Refer to Hand Hygiene policy IPC-2-12 for more information.

Code of Conduct

TBRHSC sets out the behaviours that we expect from all persons who participate in activities within the HSC. The Code of Conduct sets the parameters by which we treat each other as well as those we serve.

- We will maintain confidentiality
- We will treat customers (any individual within our organization) in a professional manner
- We will communicate
- We will offer assistance
- We will treat all individuals with dignity
- We will address all customers
- We will identify ourselves
- We will adhere to conduct and appearance standards
- We will connect the customer

For more detailed information or to view these policies, please reference Human Resources policy number # **HR-tce-10** and **HR-tce-06**

Confidentiality

Confidentiality is a critical component of professional conduct for all staff. All employees, students, medical staff and partners have an obligation to keep information designated as confidential including but not limited to information regarding patients, corporate personnel and/or corporate business that may come to their attention, either inadvertently or in the normal performance of their duties.

All information concerning patients and hospital business is confidential and must be treated as privileged information. Hospital personnel having access to this information must use it only for professional purposes. Patient affairs or illnesses must never be discussed with anyone, including fellow employees, except in the course of duty.

All persons will be required to sign a “Protection of Confidential Information & Accountability Form” before access to the Electronic Medical Record (EMR) will be issued. This form will be provided during your orientation or with your starting package prior to your start date.

TBRHSC and SJCG have a zero tolerance policy on any violation of security and confidentiality. Audits are conducted periodically on records of a confidential nature to monitor compliance with corporate policy.

Unnecessary disclosure of such confidential information will be grounds for discipline and discharge.

For more information on Confidentiality, please refer to the following policies:

Confidentiality and Release of Information (HR-tce-03)

Confidentiality-General Statement (IS-SEC-005-A)

General and Sexual Harassment

TBRHSC has a zero tolerance policy in regards to general and sexual harassment. We will take every reasonable precaution to ensure the safety of patients, staff, visitors, physicians, learners and volunteers.

TBRHSC expects everyone:

- To consider the rights, safety and dignity of others
- To speak appropriately
- To act in a respectful non-aggressive manner - Aggressive behavior or coarse language will not be tolerated
- Report incidents to the department manager

For more information, please refer to policy Confidentiality (HR-hr-01).

Social Media

Please keep in mind when using social media that you are not doing anything that may negatively impact the reputation of Thunder Bay Regional Health Sciences Centre. To help you navigate what is appropriate or not, please review the following Social Media Do's and Don'ts:

Do:

- Think before you post
- Use your best judgment
- Know that more people will see the post than you think
- Post positive things
- Be respectful
- Remember what information is confidential
- Keep in mind that what you posts reflects on you
- Remember to T.H.I.N.K.

Don't:

- Post things that could hurt or potentially hurt someone (i.e. emotionally, mentally, physically, professionally etc.)
- Post things that are confidential
- Post without considering repercussions

For more information, please refer to policy Social Media (COMM-05).

Additional Policies

Food and Beverage: Restrictions on Consumption and Storage.

The purpose of this policy is to provide a safe work environment at TBRHSC which eliminates or minimizes staff contact to occupational exposures. Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are not permitted in work areas where there is a reasonable likelihood of occupational exposure. Refrigerators used to store cultures, specimens, biological ampoules or medications shall not be used to store food or drink.

Individual(s) who are discovered to be non-compliant with hospital policy or law are subject to an investigation conducted by the Ministry of Labour, which could result in a maximum fine of \$25,000.00, up to a year in prison or a combination of both.

For more information, please refer to policy Food and Beverage: Restrictions on Consumption and Storage (OHS-os-243).

Smoke-Free Grounds

TBRHSC strives to provide a healthy smoke-free and tobacco-free hospital environment and ensure that those who work, visit, learn or receive care are not exposed to health risks associated with second-hand smoke. This policy applies to all persons on TBRHSC property such as but not limited to: all patients/clients, TBRHSC employees, professional staff, learners, volunteers, agency staff, board members, visitors, families, contractors, security staff and hospital affiliates.

TBRHSC property includes all sections/areas of hospital buildings, exterior grounds and parking areas (includes the inside of a personal vehicle parked on hospital property).

For more information, please refer to policy Smoke-Free Grounds (ADMIN-08)

Cellular Telephone and other Transmitting Devices

It is recognized that in the delivery of care at TBRHSC, the communication and effectiveness may be enhanced by the safe use of progressive wireless technologies. Examples include cellular phones, personal communication devices, wireless laptop computers, two-way radios and other wireless devices. The level of risk for using these devices is very minimal, however incidences have been reported and these devices may only be utilized in designated areas.

For more information and to review the list of recommendations for safe use, please refer to policy Cellular Telephone and other Transmitting Devices (SWB-tel-03)

Information Technology

Network Accounts

Your manager is responsible for requesting;

- a) A network account for you
- b) Changes to your account

Network passwords are eight or more characters long and can be comprised of letters and numbers and must be changed every 90 days.

Logging On and Off the Network

The first time you attempt to log on to the network, you will need to enter your username. Your account will be set up with a temporary password provided by your manager. Once logged on, the network will prompt you to create a new password.

During your first login, you will be prompted to create two questions for password self service, as well as answer three predefined questions.

When you have finished using the computer remember to log out.

Resetting Password

Try password self service: On the login screen, enter your username, and then click "I forgot my password". The system will ask you your questions and then let you change your password.

If that doesn't work call the Service Desk!

The iNtranet

The iNtranet is an internal web site that provides electronic communication, information and applications to the network user community.

Highlights of the iNtranet include;

- searchable policies and procedures
- an electronic 411 directory
- organizational events
- departmental sites
- links to external web sites

The iNtranet is constantly expanding so visit it regularly to keep up to date.

Email Accounts

As part of your network account, you will receive a Novell Groupwise Email account.

You can access your email outside of the hospital network by going to following web site:

- <http://www.gwmail.tbh.net>

Confidentiality and Auditing

All network users are expected to follow the policies regarding security of their passwords, confidentiality of information, and Internet use.

Be aware that Meditech access is monitored and all Internet surfing and printing is tracked and auditable. All the more reason to keep your password secure and your Internet use related to work.

Certain websites and services are blocked. You will receive a warning message when you try to access a blocked site.

In the event that you need a site opened for work purposes, please contact the computer support Service Desk.

Contacting the Service Desk

The Information Technology Department operates a computer Service Desk and provides after hours **Emergency** computer support.

Service Desk Hours

Monday – Friday 7:30 am – 5:00 pm

Weekends 8:00 am – 4:00 pm

Call 684-6411 or Email help@tbh.net

For After Hours **Emergency** Support, call number **626-6804**. An emergency is anything that impacts Patient care.

Because we support over 30 sites, when contacting the Service Desk, please provide the following information:

- a) Your name
- b) Device inventory numbers (yellow sticker)
- c) Your organization, site and department
- d) A contact number (include all digits)
- e) A brief description of the problem

For more information, please refer to the following Information Management Policies;

IS-SEC-005-A to IS-SEC-007-A : Confidentiality

IS-SEC-004-S and IS-SEC-011-A : Password Security

IS-USE-005-N: Internet User

Security

The security office is located on the main floor right behind the Information Desk. They operate 24/hr 365 days a year.

Parking

If parking is required, you will need to go to Patient Billing, which is located in the main hallway across from the Information Desk. Once parking is paid for, the billing clerk will provide you with a receipt which you will need to present to Security and they will assign you to the appropriate lot.

To view the cost for parking, please go to: **iNtranet-Departments-Patient Billing-Price Lists – Parking Rates.**

Note: Staff has the option to set up payroll deduction for parking during the hiring process with Human Resources.

For more information about Parking, please refer to policy Parking (FIN-adm-02)

Identification Tags

All staff, physicians, and volunteers are required to wear photo identification while on duty at TBRHSC with your badge displayed in a prominent location that is visible to other staff and the general public. In most cases, your photo will be taken at orientation, however in the off chance that this is missed, you will need to present at the Security administration office to have your photo taken and your ID created. You will need to pick up your completed ID badge at Security either at the end of your scheduled orientation or the next day.

Your ID badge provides you with access to all the areas you require within your job and also acts as your parking pass. If you lose your ID badge, you will need to see Security and have it replaced. If you lose your ID badge, please note that a replacement fee will be applied when requesting a new one.

Food Services

TBRHSC cafeteria is located on the first floor and its hours of operation are as follows:

Monday to Friday - 7:00 a.m. to 6:30 p.m.

Saturday & Sunday – 9:00 a.m. to 6:15 p.m.

Robin's Donuts

Robin's Donuts is located in the main entrance and is open 24 hours daily.

Vending Machines

Vending machines containing snacks and drinks can be found in all major patient waiting areas; Emergency waiting room, Surgical Daycare, Diagnostic Imaging and the main entrance area.

Volunteer Services

Volunteer Services are the department that is responsible for the overall management and supervision of over 500 volunteers. The volunteers at TBRHSC enhance PFCC, support staff with their roles, welcome and direct visitors, raise funds for medical equipment and serve as our greatest ambassadors.

A few of the services that are run by the volunteers are:

- Patient clothing cupboard
- Season's Gift Shop & Ticket Centre
- Jewelry Gallery
- Gift Cart
- Craft Program
- Special Events

Volunteers may not:

- Lift or help lift a patient
- Push a patient on a stretcher
- Feed a patient
- Interpret a medical procedure
- Handle WHMIS products
- Perform duties they are uncomfortable with or that are outside their position description

Housekeeping

Department Structure, Responsibilities and Priorities

Employs approximately 140 staff (F/T-P/T)

Responsible for cleaning approximately 675,000 SQ FT

- Housekeeping office hours are from 8:00 am to 4:00 pm. Do not leave a message on the office telephone outside of these hours.
- All other enquiries or emergency requirements should be made to our 24 hour department Blackberry (620-2995).
- You will contact either a supervisor or a staff member placed in-charge.

Supervisors are on duty: Monday to Friday 0700 – 2400 hr

Saturday and Sunday 0700 to 1545 hr

All other times there is a staff member in charge to deal with minor issues that may arise.

Our priority is always first and foremost **patient care areas**. Housekeeping staff are available 24 hours daily. Contact the Department Blackberry for assistance or inquiries.

- During the day shift (anywhere between 0730 hr and 1600 hr)
Housekeeping attendants are assigned to specific nursing units and departments where they remain throughout the day (unless required to assist or cover other areas as needed).
- During evening and night shifts (1600 hr to 2400 hr and 2330 to 0730 hr)
Housekeeping attendants are assigned to a number of departments that are cleaned during off hours, ie, Emergency Department, outpatient areas and non-patient care areas. Housekeeping services must be accessed by calling the Housekeeping Blackberry during these times.
- Please note after regular hours, Housekeeping staff are not available on demand. Please identify if the discharge unit is a "STAT" or if it can be delayed when contacting the Blackberry.

Spills

Please assist us by helping wipe up spills with the "**overnight bucket**" which is located in the dirty utility room on the units.

- Mark the area of the spill with a wet floor sign strategically located on each patient unit.
- Then contact Housekeeping to attend to the area of concern if required.
- This will prevent someone from falling and is part of your responsibilities under the Occupational Health and Safety Act.

Lockers

The Housekeeping Dept. is responsible for issuing lockers in the staff locker room on the 1st floor. Due to the **limited number of lockers available**, it is not uncommon for staff to have to share lockers with other staff. These lockers are utilized primarily by the service departments, (e.g., Housekeeping, SPD, etc).

Waste Removal

All waste removal is the responsibility of the Housekeeping Department. It is very important that proper disposal processes identified during orientation be properly followed.

If you are not sure, have questions or concerns related to disposal of waste on your unit or department, please contact the Housekeeping Department for further direction. To prevent staff injury, **DO NOT** throw out items into the regular waste containers if you are not sure how to dispose of it. Contact the Housekeeping Department at 6199.

- **Black/green** bags are for **general waste**
- **Yellow** bags and containers are for **infectious waste**
- **Red** bags are for **pathological/cytotoxic waste**

There is a **Recycling Program** in place at TBRHSC. We recycle the following:

Cardboard	Plastics	Fine paper and news print	Glass	Pop and food cans
Miscellaneous metal		Batteries		

Housekeeping Matters

- If you are planning any changes that may affect the Housekeeping Services provided to your area or department, (i.e., change in hours of work, increased patient flow, etc)t, please notify the Housekeeping Manager or Supervisor to see if services can be adjusted to support it.
- Individual departments are responsible for the cleanliness of their computers or computerized equipment.
- If you want your desk cleaned, it must be cleared off and a note left with your request.
- Clinical staff is responsible for removing bottles or oxygen bottles from walls (except in the Operating Rooms and Delivery Rooms). Please be sure that suction bottles are securely and properly capped before placing in the yellow biohazardous waste containers.
- For security concerns, the Housekeeping Department is not permitted to unlock doors. If you require access, please contact Security for assistance.

Isolation Rooms

- Please follow proper isolation precautions when requesting an isolation room for discharge cleaning. The precautions are identified on each isolation sign.

If unsure, contact Infection Control or the Housekeeping Department.

- Do not remove the isolation sign from the room after the patient has been discharged or transferred. The sign will be removed by the Housekeeping staff after the discharge cleaning has been completed.

For all other inquiries, contact the Housekeeping Department at 684-6199 or housekeeping@tbh.net

Laundry

Hours of Operation

Monday to Saturday: 5:30am to 1:30pm

Sunday: 6am to 11am

- Exchange carts are delivered between 5:30am and 7am daily
- Top up areas are delivered by 11am

All carts are filled based on a preset quota. If you feel you that your linen needs are not adequate, contact your Manager who can then request an increase by contacting the Manager of Laundry.

Extra Requests for linen can be made by calling ext 6690

- until 1pm (Monday to Friday)
- until 12Noon on Saturdays

Soiled Linen

Soiled linen hampers must not be overfilled. Linen bags that are overfilled will be left behind until excess linen is removed as per Occupational Health and Safety. See posters in all patient areas

Pillows

Pillows are cleaned on the unit using a disinfectant in the patient care area. Please do not send them to Laundry

After hour linen requests: contact the Administrative Co-ordinator by dialing "0"

Palliative Care

The Palliative Pain and Symptom Management Service works with the healthcare team to provide a holistic approach to pain and symptom management, assist with planning, goals of care, and to provide support to any patient facing lifelong chronic and terminal illness.

- **Nurse** (palliative care referral) – by doctor's order/ anyone can request but I ask that without a doctor's order the pt/family be aware/agreeable.
- **Doctor**- MRP should order Palliative Care Physician and/or Nurse to see, a call schedule for palliative care physician is available on the intranet. (Doctor to Doctor call please).
- **Dr. Simpson** – palliative oncology patients – both inpatients and outpatients.
- **Dr. Davis** – palliative oncology patients and end stage chronic disease management - inpatients and outpatients.
- **Dr. Miller** – chronic disease management palliative program in community and inpatient consults.

Quality Palliative Care

- focuses on the concerns of patients and their families;
- pays close attention to physical symptoms such as pain, dyspnea, nausea, loss of appetite and confusion;
- considers the emotional and spiritual concerns of patients and families
- ensures that care is respectful and supportive of patient dignity;
- respects the social and cultural needs of patients and families;
- Uses a team approach that may include volunteers, social workers and spiritual leaders in addition to medical staff.

Palliative care does not necessarily end when someone has died. Family members may need support as they grieve the loss of a loved one and try to manage numerous strains and stresses. Bereavement programs are often part of the comprehensive care offered as part of palliative care.

Palliative Care Encompasses

- Ease of suffering anywhere along the trajectory of chronic, life limiting illness
- Excellent communication with patients and families

- Facilitation of a plan of care
- Wishes and advanced directives
- Code status
- Pain & symptom mgmt
- EOL care & support
- People of any age, ethnicity, culture or religion can benefit from palliative care. It is appropriate for those with cancer and non-cancer diagnoses. It is tailored to a person's needs and preferences.

Conversations about a person's illness understanding, their values and beliefs, and their goals and wishes for future care are a key part of palliative care approach. These goals of care and advance care planning discussions should happen early rather than at the end of life, and should be ongoing as a person's needs and preferences may change.

Informal Palliative Education Group

If you would like to be included in an email list for upcoming palliative care education, send an email to:

purtona@tbh.net

Amy Purton RN CHPCN(C)

Cell 632-7189

Office 684- 7317

Mon Tues Thurs Fri

Office Hours 8:00 am-6:00pm

Online References

<http://www.cancercare.on.ca/toolbox/pallcaretools>

<http://www.fraserhealth.ca/professionals/hospice-palliative-care/>

<http://www.palliativecarewo.ca/apps/>

http://virtualhospice.ca/en_US/Main+Site+Navigation/Home.aspx

<http://www.ehospice.com/en-gb/welcome.aspx>

Occupational Health and Safety (OH&S)

The role of the OH&S is to promote health and safety for all employees, staff, students, physicians, volunteers and contractors.

Many activities concerning safety are driven by legislation, including but not limited to the Ministry of Labour (MOL), Occupational Health and Safety Acts and Regulations, WSIB, CSA Standards etc.

Health Assessment/First Aid

- Initial health assessment for new paid staff (full time, part time and casual), completed within two weeks of hire. Nurse reviews immunization record and provides assurance that new employees are fit to work.
- Provide first aid/triage service: medication dispensing, monitoring weights and blood pressures and communicable disease surveillance.

Disability Management

- Address health and attendance issues, assist in accessing resources.
- Plan and implement return to work plans – medical documentation needed to support absences due to illness and modified work programs.
- Rehabilitation services – start the process to facilitate physiotherapy services for staff.
- Modified Work Programs – available for all injured workers, occupational and non-occupational hazards.

Health Promotion

- Lunch and Learn sessions provided as well as other events to provide information to promote health – newsletter, EFAP sessions, smoking cessation, back care education etc.

Worker Safety

- Incident reporting and investigating all workers covered under WSIB for illness and injury resulting from employment. Coordination for respirator training provided.

Fit Testing

- Employees of the hospital are fit tested by OH & S.
- Physicians, residents and medical learners are fit tested in Medical & Academic Affairs.
- All other learners will be fit tested through their educational institution.

- New nurses will be fit tested during their orientation. If fit testing is missed, contact OH & S to make arrangements.

Hours of Operation

Monday to Friday: 0800 to 1600 hours

Phone: 684-6240

Fax: 684-5832

Email: ohs@tbh.net

Accessing the OH&S Website, Policies, MSDS Database and Incident Reports:

Thunder Bay Regional Health Sciences Centre

Corporate Information | SJCG Intranet | OnePages | CMS Login

Tuesday, July 28

intranet

Search Intranet

Home | 411 | Smoke Free | **Policies** | Departments | Committees | Videos

Lost Time Injuries
2015 - June: 0
Year to date: 2

CAUTION
CAUTION - CUIDADO
ATTENTION

News
New Stroke Research Project Example of Patient-Focused Research
Are You In? Employee Giving at TBHSC
Re-Energized by New Committee
Respect, Department Photo Challenge
Standardized Nursing Uniform: 3rd and FINAL VOTE

Events
Build in Balance Relaxation Classes
Mondays, August 18 - September 28
Media Advisory - Caribou Charity Ride, presented by Fresh Air, Announces Exciting Changes for 2015
TBHSC Employee and Volunteer Computer Sale

Cafeteria Menus
Quick Links
Emergency Codes
First Nation Info
MSDS Lookup
Safety Reporting
Thumbs Up
Union Boards
EFAP Info

Physician Schedules
Corporate Info
Accessibility Plan
Fire Plan
Downtime Resources
Organization Charts
Waste Audit Information
Interprofessional Education
Green Energy Report

Job Posting Board
Forms
eObservation Codes
HR Secure Forms
IS/IT Secure Forms
Biomedical Engineering
Maintenance
Mobility Allowance
Payroll Adjustment Form
Printable Forms

Tools and Training
MEDworxx E-Learning
Meditech Training
PACS Training
Search The Library
Manage E-Mail Spam
Management Toolbox
Meditech Scanning

Clinical Links
Antibiogram
Stroke Protocols
Professional Staff Contact List
Orthopaedic Booklets
Parenteral Manual
Clinical Pharmacologist
Support Resources / Families

The Weather Network
Thunder Bay, ON
21°C Overcast
Full Forecast

Emergency Planning

Instructions for Staff at Fire Site:

REACT:

Remove persons in immediate danger

- From room where fire is, rooms on either side, rooms opposite.
- Move beyond the Fire Separation Doors.

Ensure the door(s) is closed to confine the fire and smoke.

- Discontinue use of oxygen and where possible shut off Zone Valve.
- **NEVER RE-ENTER A ROOM ONCE THE DOOR IS CLOSED.**

Activate the fire alarm system using the nearest pull station

Call the Switchboard (ext. 55) to confirm location of the fire

- Identify Department and Room Number.
- Call out **CODE RED** and location to alert staff.
- Ensure that those in areas where alarm may not be heard are made aware of Code Red.

Try to extinguish the fire or continue to evacuate

- ❖ **Only use a fire extinguisher if you have been trained to do so**

Continue evacuation if required (determined by staff or the Fire Department) CALL OUT **CODE GREEN**.

Equipment, temporarily left in corridors, will be immediately removed by staff and stored in appropriately pre-designated locations.

Instructions for All Other Departments:

All staff will stand by in their department and listen for further instructions.

Identify those who may require assistance in the event of an evacuation.

For more detailed information see Policy – EMER-30 – Code Red – Fire Alarm

Codes and Emergencies

Emergencies can occur daily in a hospital. For prompt response without interrupting routine activities, the hospital switchboard staff announces codes over the public address system.

The following colour codes are generally used in all Ontario Hospitals:

Call “55” for all Emergencies

Incident	Code	Instructions
Fire	Red	<p>A staff member (All Departments) must put on the traffic control vest and ensure fire instructions are carried out.</p> <p>All staff will return to their assigned departments, if it is safe to do so.</p> <p>DO NOT USE ELEVATORS.</p>
Cardiac Arrest (Paediatric)	Pink	<p>Do not use elevators for <i>5 minutes</i>. Return to your department via the stairs if the cardiac arrest is in your department.</p>
Cardiac Arrest (Adult)	Blue	<p>Do not use elevators for 5 minutes. Return to your department via the stairs if the cardiac arrest is in your department.</p>
Evacuation	Green	<p>Prepare for evacuation.</p> <p>When a Code Green STAT is called, 1 staff member from every clinical department is to report to the area being evacuated to assist. Standby for directions via P.A. system or runners.</p> <p><u>Stages of Evacuation</u></p> <ul style="list-style-type: none"> ► Room (room in the immediate area) ► Horizontal (beyond corridor fire doors into adjacent wing) ► Vertical (to a lower floor) ► Premises (evacuation of building)

External Disaster	Orange	<p>Level 1 - Emergency Team Personnel identified as belonging to "Emergency Team" are to proceed immediately to the Emergency Department.</p> <p>Level 2 – All Departments Initiate fan-out lists (see Fan-out Policy). Staff are to report to work as soon as possible.</p> <p>Staff MUST report to the Staff Pool (Aud A/B). Only ED, Admitting, Ambulatory Care and Surgical Day Care staff report directly to their area.</p>
Bomb Threat	Black	<p>A staff member (from all departments) MUST put on the traffic control vest and conduct a systematic search of their area. All staff will return to their assigned departments, if it is safe to do so.</p> <p>DO NOT USE ELEVATORS. If you receive the call, obtain information using the Bomb Threat Telephone card (kept by every dept. phone) and on the back of the Code Black sheet located in the Emergency Code Package.</p>
Missing Patient/Wandering Patient	Yellow (11 yrs and up)	<p>All staff must search their departments and assigned areas per “Areas of Responsibility for Fire and Search” (located in the Emergency Code Package hanging with the Emergency Vest). EACH department must call the Switchboard (ext. 0) to report inspection results.</p>
Missing Infant/Child	Amber Alert (10 yrs and younger)	<p>1 staff member from each unit with an external exit door must stand at exit door until all clear is called. Direct people attempting to leave to main entrance. A staff member on each unit will don the safety vest and systematically search their area. Call switchboard</p>

		(ext. 0) if child is found.
Violent Patient	White	<p><u>Return</u> to department immediately. A staff member puts on vest.</p> <p><u>Diffuse</u> the situation if possible.</p> <p><u>Stall</u> until help arrives from other departments (a minimum of 7 Staff).</p> <p><u>Prepare</u> to intervene. <i>STAFF wearing vest is responsible for signals:</i></p> <ul style="list-style-type: none"> -identify a signal for retreat if restraint is unsuccessful -enter room or approach patient at the same time <p><u>Provide an opportunity</u> for the patient to co-operate.</p>
External Air Exclusion or Infrastructure Failure	Grey	<p>All staff must return to their assigned department <i>immediately</i>.</p> <p>Close all external doors.</p> <p>Post signs on external/exit doors.</p> <p>Await further instructions from switchboard.</p>
Chemical Spill / Biohazard Threat	Brown	<p>Ensure that no one enters the area.</p> <p>Await the arrival of the Code Brown Response Team.</p> <p>Do not use the elevators for 5 minutes. Return to your department via the stairs.</p>

****Detailed Code Information Sheets and sub-plans are located in each department to provide staff with directions and instructions during emergency situations.****



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