**CLINICAL STRATEGY MISSION AND VISION**

**MISSION**
To serve through healing, teaching, and discovery.

**VISION**
Leadership in clinical excellence...through service, innovation, and education

**OVERALL STRATEGY**
Use the academic advantage to create unparalleled quality

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**UNAPPROVED ABBREVIATIONS**

Official “Do Not Use” List

<table>
<thead>
<tr>
<th>Do Not Use</th>
<th>Use Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>ug (microgram)</td>
<td>microgram</td>
</tr>
<tr>
<td>U or u (unit)</td>
<td>unit or unit</td>
</tr>
<tr>
<td>IU (international unit)</td>
<td>international unit</td>
</tr>
<tr>
<td>Trailing zero (X mg)</td>
<td>X mg</td>
</tr>
<tr>
<td>Lack of leading zero (-X mg)</td>
<td>0.X mg</td>
</tr>
<tr>
<td>MgSO4 (magnesium sulfate)</td>
<td>magnesium sulfate</td>
</tr>
<tr>
<td>MS (morphismin)</td>
<td>morphine sulfate</td>
</tr>
<tr>
<td>MSO4 (morphismin sulfate)</td>
<td>morphine sulfate or magnesium sulfate</td>
</tr>
<tr>
<td>Q.D., Q.d., q.d., q.d.</td>
<td>daily or qday</td>
</tr>
<tr>
<td>QOD, QOD, q.q.d., qd (every other day)</td>
<td>every other day or qdth day</td>
</tr>
<tr>
<td>T.I.W. (three times a week)</td>
<td>3 times weekly</td>
</tr>
<tr>
<td>A.S., A.D., A.U. (left ear, right ear, both ears)</td>
<td>left ear, right ear, both ears</td>
</tr>
<tr>
<td>O.S., O.D., O.U. (left eye, right eye, both eyes)</td>
<td>left eye, right eye, both eyes</td>
</tr>
</tbody>
</table>

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**UNIQUE EHS SERVICES**

Main Building, Ground Floor, Room CG228 — x2893

In the event of accidental exposure to blood or other body fluids:

- Report to Employee Health Service (EHS): Monday-Friday, 8 AM - 4 PM
- Call x2893 as soon as possible following the exposure.
- Report to the Emergency Department whenever EHS is closed (nights, weekends, holidays).

EHS provides immunization and immune screenings for the following infectious diseases:

- TB Control Program with periodic PPD
- Hepatitis B vaccine
- Measles, Mumps and Rubella vaccines
- Varicella (Chickenpox) vaccine
- Influenza vaccine
- Tetanus, Diphtheria and Pertussis vaccines

Report all work-related injuries or illness to Occupational Medicine (x2893).

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**WHAT YOU NEED TO KNOW ABOUT UCONN**

2018 - 2019

**HELPFUL HINTS**

- Wear your current ID badge at all times.
- Be OK not to know how to do, but you must know where to find the information.
- Know the location of all manuals: Infection Control, Hospital Administrative Manual (HAM) and UnitDepartment specific.
- Online: The Infection Control Manual, Emergency Operations Plan (EOP), the HAM, and the unit-specific manual can be on the Nursing website: http://nursing.uche.edu
COMPLIANCE

If you have a compliance concern contact:
Healthcare & Regulatory Compliance
• Deb Abernathy—x7015
Security
• Gary Gay—x2295
Ethics
• Run Fearney—x1802
Privacy
• Rachel Rudnick—x7334
Office of Institutional Equity (OIE)
• Elizabeth Conklin—x2943

You may also report your concern confidentially to: REPORTLINE at 1-888-685-2637
You will be protected from retaliation for making any good faith reports.

UConn’s Code of Conduct: https://policy.uconn.edu/2011/05/17/employee-code-of-conduct

SAFETY PROGRAM
UConn Health Safety Officer—Kevin Higgins, x4925

EMERGENCY - DIAL 7777

CODES
Pink—Infant Abduction
Yellow—Disaster—Internal/External
Blue—Medical Emergency
Red—Fire Alert
Zebra—Disturbance with Incarcerated Patient
Orange—Infectious Disease
Green—Patient Behavioral Disturbance
Free Bird—Patient Elopement
Silver—Active Assailant—Run, Hide, Fight

IN A FIRE:
RACE = Rescue—Alarm—Close—Evacuate

EXTINGUISHER USE (If Trained)
PASS = Pull— Aim—Squeeze—Sweep
• Hazardous Materials & Waste Management
Office of Research Safety—x2723
• Emergency Management
JH Emergency Manager Jim Brown—x3317
• University Fire
University Police—x2121
• Medical Equipment Management
Clinical Engineering—x3112
• Utilities Management
Facilities Management—x2125
• Environmental Control Center 24/7—x2348

Refrer to the Wall-Mounted Red Emergency Guide for More Details.

ETHICAL DECISION MAKING

Resources available at JHD to support ethical decision-making are:
• Ethics Committee
• Infection Care Review Committee
• Organization Ethics (Ethics Liaison for UConn Health x1802)

Informed Decisions - Patients will be given a complete explanation concerning treatment and the name of the person providing treatment. Anyone can refer an issue to the Ethics Committee, including patients. Contact the hospital operator (800-679-2000) to speak directly to the Chair or a member of the Ethics Committee.

HIPAA

HIPAA is a law that protects the privacy and security of patient information.

A patient’s physical privacy must be protected whenever possible. Written records and verbal reference to a patient or their information must be protected from others in the environment.

All patient information (verbal, written, or electronic) is considered confidential.

• Patient information in our electronic systems is protected by: passwords, restricted access and audit trails to ensure proper access of information.
• Patient information systems are: monitored to assure access is for job-related need-to-know only.
• Patient information must NOT be accessed unless it is your job to do so for a given patient.
• Remember to log off your computer, as access under your user name will be attributed to you.
• Computer system passwords must NOT be shared!
• Suspected or known breaches of privacy or security of patient information must be reported immediately to the Privacy Officer at x7334.

Violation of privacy and security policies is subject to disciplinary action up to and including termination.

ADVANCE DIRECTIVE/ MOLST

At the time of admission, all patients are asked if they have already established an advance directive and their response is documented on the advance directive form (HCH-651). A copy of the advance directive, if available, is placed in the medical record.

A patient may revoke or revise their AD at any time. Do Not Resuscitate (DNR) orders may result from discussion of AD. DNR orders may also be discontinued at any time, according to the wishes of the patient or their representative(s).

STANDARD PRECAUTIONS

1. The blood and body fluids of all patients must be considered infected. Precautions to prevent contact with all blood and body fluids must be used.
2. Wash your hands before and after EVERY patient contact, after contact with environmental surfaces in patient rooms, and after glove removal. Alcohol-based hand sanitizers are available throughout the UConn Health. Use antimicrobial soap and water when hands are visibly soiled.
3. Wear gloves when contact with blood and body fluids can be reasonably anticipated. Discard gloves & wash hands prior to leaving the patient's room.
4. Wear protective clothing when splash of blood or body fluids is likely.
5. Wear masks and/or eye protection when visibly soiled.
6. Discard uncapped needle/syringe units in puncture resistant containers; and use safety needle devices when appropriate.
7. Discard trash in the appropriate receptacles according to hospital policy.
8. When accidental exposure occurs, wash or flush the area well with soap (skin) and/or water (eyes).
9. When accidental exposure to blood and other body fluids occurs, report the incident to your supervisor, Employee Health Service, and Public Safety.

Infection Control Manual, Section 1, #1.3, #1.4

SAFETY INTELLIGENCE®

Our system to report safety events is Safety Intelligence (SI). In the HealthONE platform the link to the SI system is located under “Clinical References” in the EPIC toolbar. A place to report Adverse Drug Reactions (ADRs) is the SI system.

HIGH RELIABILITY TOOLS

AIDET®

AIDET: Acknowledge Introduce Duration Expectations Thank you

ARCC

Ask a question Request a change Voice a Concern Chain of Command

STAR

Stop Think Act Review

CHAMP

Communicate clearly Handoff effectively Attention to detail Mentor each other Practice and accept a questioning attitude

Take a “Star Moment”

Be a Safety Champ

Nursing Practice Manual: “Medications: High Alert, Double Check OK!”

LEGAL

The following drugs are most likely to cause 
HIGH ALERT MEDICATIONS

STANDARD PRECAUTIONS

1. All patients have the right to be free from restraint/seclusion.
2. All efforts will be made to prevent emergencies necessitating restraint and/or seclusion.
3. The least restrictive and effective restraint will be used.
4. The reason for restraint, not the location, will determine which restraint standards apply.

NON-VIOLENT/SELF-DESTRUCTIVE RESTRAINTS: Used to due to unexpected outbursts of severely aggressive, destructive or violent behavior that poses an immediate danger to the patient or others.

NON-VIOLENT/NON-SELF-DESTRUCTIVE restraint: Used to facilitate patient safety or limit mobility to 

The following drugs are most likely to cause 

HIGH ALERT MEDICATIONS

STANDARD PRECAUTIONS

1. Alteplase
2. Argatroban infusions
3. Chemotherapy agents
4. Epoprostenol and Treprostinil
5. Fentanyl (Nal. (disposable)
6. Heparin infusions
7. Insulin (continuous infusions and subcu-
8. Medication infused on an epidural pump 

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