ALTERNATE ORIENTATION
Table of Contents

Contents
Who We Are .................................................................................................................................................. 4

Our Mission .................................................................................................................................................. 4
Our Culture Definition ................................................................................................................................. 4
Our Organizational Pledge ........................................................................................................................... 4
Our Logo .................................................................................................................................................... 4
Our Core Values .......................................................................................................................................... 5
Our Story Is About People ......................................................................................................................... 6
Our History ................................................................................................................................................ 6
Joint Commission ......................................................................................................................................... 8
Recognition ............................................................................................................................................... 8
Patient Care ............................................................................................................................................. 9
Diversity At Texas Children’s ..................................................................................................................... 10

Emergency Management .......................................................................................................................... 11

What Is An Emergency? ............................................................................................................................. 11
Hospital Emergency Codes ....................................................................................................................... 11
Reporting Emergencies ............................................................................................................................. 11
Responding To Emergencies ..................................................................................................................... 12
Creating A Family Plan For Emergencies ................................................................................................. 12
Contacting The Department Of Emergency Management ...................................................................... 12

Environmental Health and Safety ............................................................................................................ 13

Fire Safety - Protection ............................................................................................................................... 13
Dr. Pyro and R.A.C.E. ................................................................................................................................. 13
Chemical Exposures .................................................................................................................................. 13
Biohazardous/Regulated Waste ................................................................................................................ 14
Equipment Safety ..................................................................................................................................... 14
Infection Control

Fingernail Policy

Hand Washing and Hygiene

Selecting Personal Protective Equipment (PPE)

Cleaning Of Equipment

Diseases

Isolation Precautions

Information Security/Patient Privacy

Information Security

Patient Privacy

Texas Children’s reserves the right to update and modify the information and the policies referenced in the New Employee Orientation document from time to time. To ensure you have the most accurate and updated information or policy, please visit Connect to get the most up-to-date information on benefits, policies, programs, etc.
Who We Are

WELCOME TO TEXAS CHILDREN’S
We are happy to have you as part of an organization that prides itself on delivering exceptional patient care, education and research. Regardless of your role, your experience and success at Texas Children’s depends in part on how well you are oriented to the organization. This reference guide is designed to help you understand Texas Children’s culture and contribute to sustaining a safe and ethical environment for everyone. It also allows the organization to stay compliant with requirements of Texas Children’s policies associated with Joint Commission, OSHA, and other regulatory bodies.

Our Mission
Texas Children’s mission is to create a healthier future for children and women throughout our global community by leading in patient care, education, and research.

Our Culture Definition
Unified by infinite passion, we lead the charge of accelerating health care.

Our Organizational Pledge
Texas Children’s greatest request of you will always be to live our values to their fullest extent. Our pledge to you is that we will always support you within every part of our organization so you can grow stronger, reach higher aspirations, and continually achieve greater success.

Our Logo
The components of Texas Children’s mission are embodied in the four parts of the logo. Patients are the most important part and are at the top supported by excellence in research, education, and patient care.
Our Core Values
At the heart of Texas Children’s mission is a set of core values that guide us individually and collectively as an organization. They bring clarity to our mission by defining specific positive behaviors that are essential to all of our peer and patient interactions.

EMBRACE FREEDOM
With freedom comes opportunity. Boundless, wide open and unknown, it can be daunting to some, but we recognize potential in the unexplored and venture forward, blazing our own trail in the name of care. We are driven, motivated and innovative.

LEAD TIRELESSLY
What defines us is seizing the opportunity to be first in line. At every level, we inspire each other, bettering ourselves, bettering our teammates, bettering our organization, and ultimately, bettering the world. A single, small act of leadership creates a tidal wave of progress and momentum that grows immensely, improving exponentially, and advancing the care of our patients in a mighty way. We are courageous, forward-thinking, and responsible.

LIVE COMPASSIONATELY
Here, service comes before self. We care and sacrifice, celebrate, and — sometimes — grieve for our patients. Beyond them, our team becomes an extension of our own family. We work with and for each other to create a collective atmosphere of warmth. And while it may seem difficult, somehow it comes effortlessly and naturally — awakened and enhanced in the moments of greatest need. We are warm, authentic, and selfless.

AMPLIFY UNITY
Our compassion starts with an individual spark and ignites in unison. We depend on our team having arm-in-arm devotion to a mission bigger than any one of us. Up and down, side to side, outward and inward, we move collectively to share in all we do. As individuals, we’re among the brightest, but as a team, we illuminate unimagined possibilities for ourselves, our patients, and health care as a whole. We are unified, inspirational, and inviting.
Our Story Is About People
Texas Children's Hospital has an amazing culture that can't be replicated anywhere else. The people who make up our community believe in what they do and who they work with. Texas Children's fosters an environment of leaders and partners rather than employers and employees. At every level, we inspire each other to better ourselves, our teammates, our organization, and, ultimately our world.

Our History
For over 60 years Texas Children's has offered health and hope to children and their families. Below is a timeline of our history.

1950s TEXAS CHILDREN’S HOSPITAL OPENS
- Groundbreaking ceremonies are held May 23, 1951.
- The 3-story, 106-bed pediatric hospital is dedicated on May 15, 1953.
- Dr. Russell Blattner, Texas Children's physician-in-chief from 1954 to 1977, establishes an unprecedented policy that at least one parent may be with a child during a hospital stay.
- Our first patient, 3-year-old Leigh Van Wagner, is admitted Feb. 1, 1954.
- Texas' first and, at the time, only female pediatric surgeon, Dr. Benjy F. Brooks, joins Texas Children's.

1960s SERVICES AND SPECIALTIES EXPAND
- Hospital services and specialties expand rapidly, with specialists added in cardiovascular disease, pediatric research, birth defects, learning disabilities, mental retardation, developmental problems, social services and leukemia and other blood disorders.
- Karen and Kimberly Webber are born joined at the chest in 1964. Texas Children's pioneering procedure to separate them establishes the hospital as a leader in pediatric care.
- Texas Children’s Hospital helps establish the Texas Heart Institute to promote knowledge and treatment of adult and pediatric cardiovascular diseases. Dr. Denton Cooley becomes its surgeon-in-chief and cardiovascular consultant to Texas Children's Hospital.
- Texas Children’s becomes the first hospital to treat pediatric respiratory failure with home mechanical ventilation, allowing home treatment instead of prolonged years of hospital care.

1970s HOSPITAL CONTINUES TO GROW
- The hospital expands to 331 beds, more than double its original 106.
- The first play therapy room opens.
- Neonatology service is created.
- The maximum age for patients is raised from 15 to 19.
- David, the Bubble Boy, born in 1971 with an immune deficiency, is placed in a specially designed bubble where he plays, sleeps, eats and attends school. Study of his condition leads to significant contributions in the study of immune system disorders.
- Dr. Ralph Feigin succeeds Dr. Russell Blattner as physician-in-chief in 1977.
1980s BREAKTHROUGHS AND MILESTONES
- Outpatient visits more than quadruple during the 1980s.
- Charity care increases from $3.5 million to more than $9 million.
- Research funding grows from less than $5 million to nearly $15 million.
- Shannon Pillow is the first patient in the world to receive biosynthetic growth hormone.
- Texas Children’s Hospital is recognized as a leader in treating pediatric HIV.
- Texas Children’s Emergency Center is the first in the state to have 24-hour coverage by board-certified pediatric emergency physicians.
- Texas Children’s Hospital launches Houston’s first pediatric program for liver transplants.
- Mark A. Wallace appointed president and chief executive officer of Texas Children’s Hospital in 1989.

1990s EXPANSION AND PIONEERING PROCEDURES
- Texas Children’s Hospital completes renovation of the Abercrombie Building (the original hospital) and construction of the Clinical Care Center and West Tower to become the largest freestanding pediatric hospital in the U.S. It has 456 operating beds and nearly 50 medical and surgical outpatient services.
- The world’s smallest pacemaker is inserted into a transplant child.
- Texas Children’s Hospital performs pioneering operations on conjoined twins and a 3-year-old liver transplant recipient.
- Significant advances are made in cell and gene therapy transplants.
- Texas Children’s Hospital opens the largest bone marrow transplant unit in Texas.
- The nation’s first pediatric health maintenance organization (HMO) is established by Texas Children’s.

2000s EXPANSION FUELED BY VISION 2010
- Parents magazine ranks Texas Children’s Hospital fourth among the nation’s top pediatric hospitals in 2007.
- Texas Children’s begins an extraordinary $1.5 billion expansion entitled Vision 2010. It involves the expansion of the Feigin Center by seven stories, the construction of the Pavilion for Women, the construction of a full-service hospital in West Houston, and the construction of the Jan and Dan Duncan Neurological Research Institute.
- The Baylor International Pediatric AIDS Initiative at Texas Children’s Hospital (BIPAI) opens a new 21,000 square foot clinical care center in Kampala, Uganda, in 2008. On its opening day, it receives 6,000 transfer patients, making it the world’s largest pediatric HIV/AIDS center.
- Texas Children’s Hospital becomes the first freestanding pediatric hospital to implant two HeartMate II ventricular assist devices in adolescent patients. These devices allow patients to improve their heart health while waiting for a donor heart.
- Dr. Mark W. Kline is appointed chair of the Department of Pediatrics at Baylor College of Medicine and physician-in-chief of Texas Children’s Hospital in 2009.
- Mark A. Wallace, president and CEO, celebrates 25 years at the helm of Texas Children’s Hospital in 2014.

TODAY LEADING PEDIATRIC MEDICINE LOCALLY AND INTERNATIONALLY
- Dr. Charles D. Fraser is named surgeon-in-chief at Texas Children’s Hospital in 2010.
Joint Commission

Founded in 1951, The Joint Commission seeks to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. The Joint Commission evaluates and accredits more than 20,000 health care organizations and programs in the United States. An independent, not-for-profit organization, The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care. To earn and maintain The Joint Commission's Gold Seal of Approval™, an organization must undergo an on-site survey by a Joint Commission survey team at least every three years.

Recognition

Texas Children’s Hospital is nationally ranked among the nation’s top children’s hospitals by U.S. News & World Report and Parents magazine. So it’s no surprise that our physicians continually are recognized for their expertise by being elected or appointed to leadership positions within highly respected professional organizations or honored with awards for their continued dedication and contribution to the advancement of pediatric medicine.

A number of Texas Children’s physicians have been recognized as Best Doctors of America. Best Doctors conducts the largest peer-review-based evaluation of the medical profession and Best Doctors physicians are chosen by 30,000 doctors identified in previous surveys as “the best” in their specialties.

The Magnet Recognition Program, awarded by the American Nurses Credentialing Center, recognizes health care organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Magnet designation requires organizations to develop, disseminate and enculturate evidence-based criteria that result in a positive work environment for nurses and, by extension, all employees.

The Houston Business Journal has ranked Texas Children’s Hospital in the top 10 Best Places to Work among Houston companies with more than 500 employees for several years in a row. This distinction is based solely on employee feedback measuring a variety of job-related factors, including employee satisfaction, teamwork and leadership trust.
Patient Care
TEXAS CHILDREN’S HOSPITAL
Texas Children's Hospital is an internationally recognized full-care pediatric hospital located in the Texas Medical Center in Houston. One of the largest free-standing pediatric hospitals in the world, Texas Children's Hospital is dedicated to providing the finest possible pediatric patient care, education and research.

TEXAS CHILDREN’S COMMUNITY HOSPITALS
At Texas Children's Hospital West Campus, family-centered care means parents and caregivers are considered important members of a child's health care team. Every aspect of the hospital has been carefully designed, equipped and staffed exclusively for children and their families. A comprehensive array of inpatient and outpatient services and subspecialty clinics, as well as patient and family support services are also at Texas Children's Hospital West Campus.

TEXAS CHILDREN’S PAVILION FOR WOMEN
Texas Children's Pavilion for Women ushers in a new era as the pediatric hospital expands into obstetrical and gynecological services, establishing one of the nation's premier facilities for women's, fetal and newborn health. Expanding upon its world-class reputation in fetal and neonatal medicine, Texas Children's Pavilion for Women offers a full continuum of family-centered maternity care, beginning before conception and continuing after delivery.

TEXAS CHILDREN’S FEIGIN TOWER
The Feigin Center is Texas Children's hub for pediatric research which allows researchers to intensify their research in areas of fundamental importance in microbiology, immunology, cell biology and sciences of infection and inflammation. Here, researchers are making landmark discoveries and fundamental contributions to the fields of pediatric cancer and blood disorders. They are also learning how to genetically manipulate tumor cells to make effective cancer vaccines and how to enhance patients’ own immune cells to enable them to attack cancers directly.

TEXAS CHILDREN’S MARK A. WALLACE TOWER
Home to most of Texas Children’s outpatient clinics, including Texas Children’s Cancer and Hematology Centers, Neurology, and Orthopedics.

TEXAS CHILDREN’S ABERCROMBIE BUILDING
Home to most Pathology, Auxiliary and Volunteer Services, International Services, Medical Staff Services, and Security Services.

TEXAS CHILDREN’S PEDIATRICS
With more than 40 practices across the greater Houston area, more than 147 board-certified or board-eligible pediatricians provide primary care, diagnosis, management and follow-up for both well and ill children. Texas Children’s Pediatrics is the nation's largest group of general pediatricians.

TEXAS CHILDREN’S PEDIATRICS - URGENT CARE
Texas Children’s Urgent Care specializes in after-hours care, but does not replace the need for children to have a general pediatrician. Clinics are staffed by board certified pediatricians who have privileges at Texas Children’s Hospital. Pediatricians diagnose and treat a wide variety of ailments, illnesses and conditions, including: asthma, strep throat, fever, minor burns, influenza, ear infections, allergic reactions and more.
Procedures provided include: antibiotic injections, breathing treatments, fracture care and splinting, IV (intravenous) fluids, lab services, laceration repair and x-rays on-site.

TEXAS CHILDREN’S HEALTH CENTERS
Located in suburban areas of Houston, the Texas Children’s Health Centers provide the community and private practice physicians with pediatric subspecialty services close to patients’ homes. The following health centers are available to care for patients: Sugar Land, Clear Lake, Cy-Fair, The Woodlands, and Texas Children’s Hospital West Campus.

TEXAS CHILDREN’S HEALTH PLAN
The nation’s first pediatric, provider-based, health maintenance organization (HMO). TCHP offers a unique network with emphasis on specialized pediatrics that includes primary care physicians, physician specialists, and access to many hospitals around greater Houston, including Texas Children’s Hospital. The Health Plan has two products:
- Children’s Health Insurance Program (CHIP)
- Texas Children’s Star Health Coverage (a Medicaid-Managed Care Program)

TEXAS CHILDREN’S HEALTH PLAN - THE CENTER FOR CHILDREN AND WOMEN
The Center for Children and Women have two locations in the Houston area which include both Pediatrics and Obstetrics. It is a health care setting that facilitates partnerships between the patients, families (when appropriate) and the physician. Care is enhanced by registries, information technology and an electronic medical record. The goal to assure that patients get high quality care in a way that takes into account their needs, wants, and cultural expectations. Care in a Medical Home is: coordinated, patient-centered, comprehensive, accessible, data driven, and emphasizes quality and safety.

JIM AND DAN DUNCAN NEUROLOGICAL RESEARCH INSTITUTE
This is the first facility of its kind dedicated to understanding unique issues of a child’s brain structure, development patterns, and related diseases. The state of the art building provides a superb research infrastructure in a single location, and has been designed in both layout and aesthetics to foster the open dialogue and active exchange of ideas needed to accelerate the translation of discoveries into new, effective treatments.

Diversity At Texas Children’s
Texas Children’s creates and fosters a work environment that attracts, welcomes, supports, and develops a diverse organization. A critical part of this culture is for every individual to feel valued for his or her contribution to the mission of Texas Children’s. All of us are responsible for embracing and nurturing a culture of inclusiveness in our own work areas.

Important things to remember when dealing with patients, families, and workforce members:
- Always be respectful both in actions and words.
- Display an overall positive body language.
- Maintain confidentiality.
- Always create an environment that is respectful of differences.
Emergency Management

What Is Emergency Management?
At Texas Children’s Hospital, there is a plan in place so that all workforce members know how to respond in the case of a natural disaster or other emergency. For the purposes of your orientation to the organization, it is important to be familiar with the terms and concepts below.

What Is An Emergency?
An emergency is any incident that significantly affects normal operations at any Texas Children’s facility. The source of an emergency can be either internal or external to the organization and a combination of related hazards may materialize simultaneously.

Examples of Internal Emergencies:
- Flooding within a building due to a pipe burst
- Fire starting within a lab or a kitchen
- An act of violence occurring within a unit

Examples of External Emergencies:
- Hurricane or other severe weather
- Mass casualty incident such as a bus accident or building collapse

Hospital Emergency Codes
A number of hospital emergency codes exist to alert staff of various types of emergencies. These codes apply specifically to Main, West, and The Woodlands campuses.

- **Dr. Pyro** – suspected fire
- **Code Pink** – abducted or missing child

The organization also uses Emergency Activation Levels to indicate our response to various types of incidents.

- **Normal Operations: Passive Monitoring** – everyday conditions with self-limiting events and during which we depend on Texas Children’s staff and various monitoring systems for notification of incidents.
- **Advisory: Active Monitoring** – a disaster is foreseen or a significant event is occurring, but without direct action required by the organization. The event may or may not be physically impacting Texas Children’s at the moment but the consequences of the event could cause disruption to our normal environments.
- **Alert: Preparing For Activation** – this is a state of heightened readiness. An event is imminent and it will impact Texas Children’s in some manner yet to be determined.
- **Partial Activation: Incident Command** – this is our most common level of activation in which we stand up Incident Command and other parts of Incident Command structure short of full activation.
- **Full Activation: Incident Command** – this is the activation level for our most serious incidents. A typical incident requiring full activation would be a hurricane or other event of similar size and scope.
During an activation, staff should look to their immediate supervisor for direction or communications from the Administrator On-Call or Incident Commander.

**Reporting Emergencies**
If you witness or experience any type of emergency, it is very important that you alert others to get help.

<table>
<thead>
<tr>
<th>Main, West, and The Woodlands Campuses</th>
<th>Meyer &amp; NRI Buildings</th>
</tr>
</thead>
<tbody>
<tr>
<td>o In the case of a fire, pull a “pull station” and dial *9999.</td>
<td>o In case of a fire, pull a “pull station” and dial 911.</td>
</tr>
<tr>
<td>o For a medical emergency, or missing/abducted child, dial *9999.</td>
<td>o For a medical emergency, dial 911.</td>
</tr>
<tr>
<td>o For emergencies involving building operations (i.e. flooding), dial x4-5000.</td>
<td>o For emergencies involving building operations (i.e. flooding), dial x4-5000.</td>
</tr>
<tr>
<td>o For security related emergencies (i.e. violent individual), dial x4-5400.</td>
<td>o For security related emergencies (i.e. violent individual), dial x4-5400.</td>
</tr>
</tbody>
</table>

**All Other Facilities**

| o In the case of a fire, pull a “pull station” and dial 911. | o In the case of a fire, pull a “pull station” and dial 911. |
| o For emergencies involving building operations (i.e. flooding), dial 832-824-5000. | o For emergencies involving building operations (i.e. flooding), dial 832-824-5000. |
| o For security and medical emergencies, dial 911. | o For security and medical emergencies, dial 911. |

**Responding To Emergencies**
Listen to your direct supervisor, or service chief, for additional guidelines and/or information about responding appropriately to an incident. There are also additional resources available to help you learn more about responding to emergencies before they happen.

- The Emergency Management Departmental Website on CONNECT, under Quick Links > Emergency Management.
- The Emergency Response & Recovery Portal available as a team site on CONNECT.
- Your department’s area-specific disaster plan, if available.

**Creating A Family Plan For Emergencies**
Help your family, including pets and extended relatives, get ready for emergencies by creating a plan for when they do occur. A listing of websites to help create a family plan for emergencies is available on the Emergency Management Departmental Website on CONNECT.

**Contacting The Department Of Emergency Management**
To contact the Department of Emergency Management, use one of the following methods:

- Call 832-824-1237 or ext. 4-1237
- Email emergencymgmt@texaschildrens.org
Environmental Health and Safety

Fire Safety - Protection
To be well prepared in the event of a fire, all workforce members who work for or with Texas Children's should know the following:
- Locations of fire alarms and pull stations on your floor or in your area.
- Locations of fire extinguishers, specific types, and procedures for using them.
- Locations of fire doors.
- Locations of exits, stairwells, and proper routes to safety.
- Locations of smoke compartments if you are on an inpatient floor or ambulatory surgical location.
- Specific number to call in your work location in order to contact the fire department, emergency medical system, and/or the appropriately trained employee response teams.
- Know how R.A.C.E (see below) applies to your specific work area.

Dr. Pyro and R.A.C.E.
“Dr. Pyro” is the phrase used at Texas Children’s for a fire event. Never shout “Fire!”
If you are trying to extinguish a small fire:
- Try to stop the fire by disconnecting power to burning equipment, turning off medical gases, etc. Medical oxygen/nitrous oxide can help a fire burn. Medical gases are turned off by Respiratory Therapy or medical professionals.
- Crouch low to avoid the smoke and heat from the fire. Avoid inhaling the smoke or fire gases.

Remember the acronym P.A.S.S. when trying to extinguish a fire:
- P = Pull the pin.
- A = Aim the extinguisher nozzle at the base of the flames.
- S = Squeeze the handle.
- S = Sweep from side to side.

The acronym R.A.C.E. is used throughout Texas Children’s to help staff remember what steps to take in the event of a fire emergency. If you discover the fire event, take charge and delegate these tasks to your team:
- Rescue = rescue or remove any person who is in immediate danger.
- Alert = Pull the fire alarm station. Call the hospital operator at extension *9999 to report the fire. (Call 911 at offsite facilities.)
- Confine = confine the fire to prevent it from spreading by closing doors and windows.
- Extinguish = extinguish a small fire by using the proper fire extinguisher but only if your safety can be assured.

Chemical Exposures
If you have been directly exposed to a chemical spill or release, here is how to respond:
- Wash or flush the affected area immediately with running water.
- Inform your leader or supervisor of your exposure.
Inform Employee Health immediately. (main line: 832-824-2150)
Complete an online Event Report which is located on the Connect page, Resources > Online Tools > Event (Incident) Reporting System.

**Information Regarding Chemicals In Your Area**
It is important for you to be aware of the chemicals in your work area. You also want to understand the risks associated with those chemicals, how to properly handle them, how to protect yourself from exposure, and how to respond to a spill. All of this information is available on the Safety Data Sheet (SDS) located on the Connect page, >Tools > 3E SDS (MSDS).

**Biohazardous/Regulated Waste**
Be careful that you dispose of waste. Proper disposal is regulated by federal and state laws and ensures that those who handle our waste have accurate knowledge of the risks.

<table>
<thead>
<tr>
<th>What is the waste?</th>
<th>Where should it go?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soiled linen</td>
<td>Blue bags</td>
</tr>
<tr>
<td>Waste saturated with blood/body fluids</td>
<td>Red biohazard bags</td>
</tr>
<tr>
<td>Bandages, wrappers (not saturated)</td>
<td>Regular trash</td>
</tr>
<tr>
<td>Items containing trace quantities of chemotherapeutic</td>
<td>Red biohazard bags or yellow chemo waste containers, where</td>
</tr>
<tr>
<td>agents</td>
<td>available</td>
</tr>
<tr>
<td>Needles/sharps</td>
<td>Red sharps waste containers</td>
</tr>
</tbody>
</table>

**Equipment Safety**
- **Magnetic Resonance Imaging (MRI)** is essentially a large magnet that is always on. Some metallic objects may be attracted to the magnet, becoming projectiles that can injure or even kill people along their path. Implanted metal objects may shift when near the MRI. The magnetic field may also interfere with implantable objects like pace makers. For these reasons, all persons and equipment must be screened prior to approaching the MRI.
- **Equipment malfunctions**: Occasionally, equipment will malfunction. It is important for you to know what to do and who to contact when that happens. Any equipment that isn’t functioning as designed should be immediately removed from service and tagged. At that point, contact the appropriate department for repair. The following chart will help you identify who to call:

<table>
<thead>
<tr>
<th>Type of Equipment</th>
<th>Who is responsible?</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powered patient care</td>
<td>Biomedical Engineering</td>
<td>832-824-1999</td>
</tr>
<tr>
<td>Powered non-patient care</td>
<td>Facilities Operations</td>
<td>832-824-5000</td>
</tr>
<tr>
<td>Computers and components</td>
<td>Information Services</td>
<td>832-824-3512</td>
</tr>
</tbody>
</table>

If you should have any questions or would like additional information about Environmental Health and Safety, please contact Environmental Health and Safety, 832-824-1961.
Infection Control

Standard precautions provide a method of effective infection control for all workforce members and patients.

Fingernail Policy
All health care workers, including volunteers and contractors who care for patients directly, must have short, clean, and natural fingernails. No artificial nails, tips, jeweled insets or overlays should be worn by direct patient care providers. This also applies to healthcare workers who prepare medications or serve food.

Hand Washing and Hygiene
Hand washing guidelines:
- Wash hands thoroughly with soap and water for 20 seconds when hands are visibly soiled.
- Use gel or foam for cleansing hands when they are not visibly soiled; rub over all surfaces of hands and fingers.

Hand hygiene should be performed:
- Before and after any patient contact.
- Before and after removing protective gloves.
- Before preparing or administering medications or food.
- After touching inanimate sources that are likely to be contaminated with microorganisms.
- Before and after eating and drinking.
- After using the restroom.

Selecting Personal Protective Equipment (PPE)
Personal Protective Equipment may include gloves, gowns, disposable lab coats, face shields or masks, eye protection, pocket masks, and other protective gear. If employees, volunteers, contractors, etc. anticipate that they will have contact with blood and/or other potentially infectious materials or contaminated surfaces, they must wear gloves.

Please remember:
- Single use gloves cannot be washed or decontaminated for reuse.
- Utility gloves may be decontaminated, if they aren’t damaged or otherwise unable to protect the wearer.
- Gloves should be replaced if they show signs of cracking, peeling, tearing, puncturing, or deteriorating.
- Single use gowns are recommended during patient care to prevent soiling of clothing with secretion/excretion, such as rocking a baby with diarrhea.
- Masks are recommended to prevent transmission of infectious agents through the air. They protect the wearer from inhaling:
  - Large particle aerosols (droplets) that are transmitted by close contact and generally travel only short distances (about three feet).
Small particle aerosols (droplet nuclei) that remain suspended in the air and thus travel longer distances.

Wearing gloves, gowns, masks, and eye protection can significantly reduce risks for exposure to blood and other potentially infectious materials.

All PPE must be disposed of inside the patient room before exiting.

Cleaning Of Equipment
All patient care equipment should be cleaned between each patient use according to the manufacturer’s recommendations. The computer keyboards, phones, Spectralink phones, and work areas can be safely wiped with the PDI wipes provided in each unit. The contact or kill time for the disinfectant to effectively do its job is 3 minutes.

Diseases
Tuberculosis (TB)
TB is an airborne disease that affects the lungs or other organs where the lymph system may be involved. TB may be transmitted by inhalation of respiratory secretions from infected individuals. Generally, very young children cannot transmit TB since they cannot cough forcefully enough to generate sputum.

Signs and symptoms of active TB include:
- Fever.
- Malaise.
- Night sweats.
- Cough.
- Unexplained weight loss.
- Blood in the sputum.

Bloodborne Pathogens
Bloodborne pathogens are communicable diseases that are transmitted by blood or other body fluids.

Types are:
- HBV – the virus that causes Hepatitis B.
- HCV – the virus that causes Hepatitis C.
- HIV – the virus that causes AIDS.

Hepatitis B (HBV)
Hepatitis B is a liver disease that is caused by a virus that can alter liver functions. The liver, when functioning normally, stops bleeding, stores energy, and removes drugs and toxins from the blood. HBV is spread by contact with an infected person’s blood or other bodily fluids. Anyone with occupational exposure to blood is at risk of contracting HBV.

Signs and symptoms of HBV include:
- Fatigue.
- Nausea.
- Diarrhea.
- Fever.
- Loss of appetite.
Yellowish eyes and skin.
Feeling of having the flu.

**Hepatitis C (HCV)**
Hepatitis C is an infection of the liver caused by a virus. It is less common than Hepatitis B. This disease is spread by contact with an infected person’s blood. Some blood transfusions or organ transplants conducted before 1992 have resulted in exposure to the virus. Prior to 1992, health care facilities did not test to detect Hepatitis C antibodies. There is a vaccine to protect against Hepatitis B; however, there is no vaccine to protect against Hepatitis C.

Signs and symptoms of HCV:
Typically infected persons show no symptoms for a period of years. Most cases of Hepatitis C are identified when people have liver tests or Hepatitis C antibody test done before donating blood. Some people eventually experience:
- Fatigue.
- Nausea.
- Diarrhea.
- Loss of appetite.
- Dark yellow urine.
- Yellowish eyes and skin.
- Feeling of having the flu.

**Human Immunodeficiency Virus (HIV)**
HIV is the virus that causes AIDS. The virus is passed from one person to another through direct blood to blood contact. HIV kills an important kind of blood cell – the CD4 T lymphocyte or T cell. As the T cells die off, the body becomes more and more vulnerable to other diseases called “opportunistic infections.” When persons with HIV get these infections or if their CD4 T cell levels become too low, they may contract AIDS.

**Isolation Precautions**
1. Contact Precautions - pink contact precautions sign placed on the door.
   a. Gloves and gowns should be worn if there is anticipated direct contact with the patient or their immediate environment.

2. Droplet Precautions - green droplet precautions sign placed on the door.
   a. Healthcare workers entering this room should wear a minimum of a surgical mask.

3. Airborne Precautions - blue airborne precautions sign placed on the door.
   a. All healthcare workers that enter this negative pressure room should be fit tested with the N-95 respirator mask and wearing it upon entering.

4. Special Contact Precautions - purple special contact precautions sign placed on the door.
   a. All healthcare workers enter this type of isolation room should be wearing a gown and gloves, at a minimum.
   b. Patient care supplies and equipment should be dedicated for this patient’s use. Equipment should be terminally cleaned when removed from the room and patient care supplies discarded or sent home with the patient.
Information Security/Patient Privacy

Texas Children’s must comply with many laws and regulations regarding the security of confidential and proprietary information. These include the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Joint Commission (JC) standards, Payment Card Industry Data Security Standard (PCI-DSS), and many others.

To help safeguard the security of confidential and proprietary information, Texas Children’s has in place several policies related to information security. Below are some key points to remember about safeguarding our patient’s information.

**Information Security**

1. Always wear your badge. If someone looks out of place and does not have a badge, challenge it. Don’t allow tailgating through secure doors.
2. Do not share your password with anyone. If you think someone might know it, change it.
3. Make sure you always secure your computer when you step away from it.
4. Use the internet only for work-related purposes. All access to the internet is monitored and recorded.
5. Never download software off the internet.
6. Never post patient photos or information on social networks or any other sites.
7. Beware of email from a source you don’t recognize. Immediately delete it. Don’t open, forward, or respond to it.
8. Do not put confidential information on flash drives, CDs, or open access drives. Encrypt your mobile devices.
9. Always use TCH Secure mail when sending confidential information outside the TCH/Baylor email system.

**Patient Privacy**

1. Only obtain information about a patient or a patient’s family that is necessary to work in your role. This means you may not look up information about you, your friend’s child, or even your own child just because you have access to the information.
2. All professionals entering Texas Children’s will be required to provide completed Patient Confidentiality forms prior to coming into the facility.
3. Never discuss any private information about patients with anyone except other health care workers who are providing care.
4. If a patient is identified as “no information” status, do not give out ANY information.
5. Ensure all documents which contain patient health information are secured.

If you suspect any illegal or unethical information, you must report it at once to one of the following:

- TCH Compliance Services and Privacy Office: 832-824-8338.
- TCH Confidential Hotline: 866-478-9070.