MISSION
Anaheim Global Medical Center will meet the needs of each and every patient whose care is our primary purpose.

VISION
Anaheim Global Medical Center, in conjunction with the KPC Health System (KPC), will distinguish itself as a leader in redefining healthcare delivery and will be recognized for the passion of its people and partners in providing quality innovative care to the patients it serves in each community.

VALUE STATEMENT
The employees of Anaheim Global Medical Center are committed to the following values:

- **RELATIONSHIPS**: Maintain and enhance cooperative relationships with physicians to better serve the healthcare needs of our communities.

- **VALUES**: Forge strong partnerships with those who share our values.

- **EXCELLENCE**: Achieve standards of excellence, which become the benchmark of industry practices.

- **INNOVATION**: Use innovation and creativity to identify and solve problems.

- **LEADERSHIP**: Apply quality management and leadership principles to foster continued employee development.

- **RESPECT**: Treat each other, our patients, and our partners with respect and dignity.

- **INTEGRITY**: Hold integrity and honesty as our most important principles and perform at all times at the highest ethical standards.

- **STRIVE FOR IMPROVEMENT**: Strive for improvement day in and day out in everything we do.

- **ACCOUNTABILITY**: Being accountable for their job responsibilities and duties, including participation in the hospital-wide performance improvement activities.

JOINT COMMISSION
The mission of the Joint Commission (JC) is to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement.

If you have any concerns regarding patient safety, quality of care or any ethical issues you may contact the JC. No retaliatory or disciplinary action by the organization will be taken against the employee for reporting a concern.

The Joint Commission number is: **800-994-6610** or you can send an e-mail to **complaint@jointcommission.org**

STAFF IDENTIFICATION
All students, employees, affiliates, or contract personnel MUST wear appropriate picture identification (ID badge) above the waist at all times while on hospital premises.

CELL PHONE USE
Cell phones may not be used in patient care areas. For the consideration of others, you are encouraged to use your cell phone during break time.

If your instructor is allowing you to communicate with him/her via text messaging, please do so in the lounge. Cell phones may never be used in patient rooms.

SMOKING
As a health-care institution that focuses on improving well-being, Anaheim Global Medical Center is proud to be completely tobacco-free July 1, 2013. This tobacco-free status applies to all hospital buildings, parking lots and property that make up the hospital campus.

Smoking and tobacco use is clearly harmful to everyone’s health and is the #1 preventable health risk in our society. It is a health risk that comes at a considerable cost as well. 36,600 Californians per year die from their own smoking. The annual health care cost in California directly caused by smoking is $9.1 billion - $2.9 billion of which is covered by the State Medicaid program. Anaheim Global Medical Center has an obligation to the communities we serve to address the issue and ensure a healthy environment for our patients, visitors and you, our healthcare providers.

In the past few years, many hospitals across the nation have implemented smoke-free campuses to show a commitment to provide a place of wellness and prevention, as well as treatment. The percentage of hospitals that are currently tobacco-free or have begun efforts to go tobacco-free is close to 60%.
Students may park in the North Lot, located between the hospital and the medical office building (947 S. Anaheim Blvd.).

The Connection Café
Nutrition Services Department at Western Medical Center Anaheim

**Hours of Operation**

<table>
<thead>
<tr>
<th>MONDAY – FRIDAY</th>
<th>SATURDAY – SUNDAY</th>
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<tbody>
<tr>
<td>7:00 am – 10:30 am Breakfast</td>
<td>7:00 am – 10:30 am Breakfast</td>
</tr>
<tr>
<td>11:00 am – 2:00 pm Lunch</td>
<td>11:30 am – 2:00 pm Lunch</td>
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We offer daily specials for reasonable prices that include entrée, starch, vegetable and soda along with homemade soups and a “Build Your Own” salad bar.

Our cafeteria serves up to 3 Entrees/day to choose from along with starch and vegetable.

The Connection Café Grill serves up all your typical grill items such as hamburgers, hot dogs, grilled chicken sandwiches, fries, onion rings and much more.

We also offer meal cards for $20.00 that are valued at $24.00! This allows you not to worry about having to carry cash to pay for your meals. They are available for purchase from our cashier.

**CUSTOMER SERVICE**

THE MEANS TO MEETING OUR MISSION

Customer service is just one of the areas in which AGMC strives to deliver the best. Our customers’ view of our customer service has a huge impact on their perceptions of the quality of care we deliver.

We could deliver cutting-edge medical care with the latest equipment, but if a patient leaves the hospital with an impression of poor customer service, that patient is not likely to return.

“LET THE CALLER FEEL YOUR SMILE”

All calls must be answered with:
• Your Name, Department and How may I help you?

All calls end with:
• Is there anything else I can do for you?

Commit to making every effort to fulfill this expectation on a daily basis and do so in an effort to represent Western Medical Center Anaheim in a manner consistent with our mission and vision statements.

Here are a few customer service tips to use in your daily interactions with our patients, other customers, physicians, and fellow staff:

• The patient is never an interruption to your work.
The patient is your real reason for being here. Everyday tasks can wait.

• Greet every patient with a friendly smile

• Call patients by name
Make a habit of learning patients’ names. The patient will always feel like you care.

• Remember- you are the hospital!
You represent this facility. Every positive interaction you have with a patient is a positive reflection of AGMC, and negative interactions reflect negatively.

• Never argue with a patient
Be a good listener; agree with the patient where you can, then do what you can to help the patient.

• State things in a positive way.
Choose positive words when speaking to a patient. It takes practice, but it is a valuable habit that will help you become an effective communicator.

Go the extra mile. Always do just a little more than the patient expects you to do. You will be richly rewarded for this habit.
HIPAA & CONFIDENTIALITY

(Health Insurance Portability and Accountability Act of 1996). All hospital personnel are obligated to protect patient privacy rights, including any form of media that is electronic, paper, oral, CD, or diskette. We value the confidentiality of our patients and information systems. Patient Health Information (PHI) is given only to those who have an appropriate and authorized need for the information.

Patients have a right to privacy regarding PHI. PHI is any information, including demographic information that relates to past, present or future physical or mental health or condition of an individual, and with respect to which there is a reasonable basis to believe the information can be used to identify an individual.

PHI includes, but is not limited to: Name, date of birth, age, social security, driver’s license numbers, medical record and patient numbers, address, email addresses, telephone numbers, fax number, and any medical information such as diagnosis, treatment plans, x-rays, photos, imaging, lab results, test results, prescriptions, billing records, referrals, explanation of benefits, etc.

Congress provided for civil and criminal penalties for organizations and individuals that misuse PHI. Monetary penalties may range from $100 to $25,000, depending on type of information disclosed and how it was disclosed. Criminal penalties may range from $50,000 to $250,000 and from 1 to 10 years in prison.

CULTURAL DIVERSITY

Cultural, religious, or spiritual beliefs can affect a patient’s or family’s perception of illness and how they approach treatment. In addition, patients may have unique needs associated with their cultural, religious, or spiritual beliefs that staff should acknowledge and address.

PROFESSIONAL BOUNDARIES

The vulnerability of the patients requires that staff assume the responsibility for creating and maintaining boundaries and not betraying the patients’ trust.

ADVANCE HEALTH CARE DIRECTIVES

The Health Care Decision Law (effective July 1, 2000) allows a person to give instructions or power of attorney to another (or both) for health care decisions. The law requires that all patients be asked if they have an advanced directive. If they do, a copy is placed in their chart. If the patient requests more information on advanced directives, you may contact case management.

An Advance Directive is "the right to designate another person to make healthcare decisions in the event the patient is not able to make them for him/herself." An Advance Directive for medical treatment makes a patient’s wishes known in case he/she cannot speak for himself. Advance directives can protect the patient’s right to refuse medical care if he/she should ever become mentally or physically unable to choose or communicate his/her wishes due to an injury or illness. There are several kinds of Advance Directives.

Durable Power of Attorney for Healthcare

This form allows the patient to name an adult relative or friend he/she trusts to make healthcare decisions for them as their "agent" when they are too sick to make their own decisions. They can fill out this form without legal assistance if they are 18 years or older. They may also specify in writing when they would or would not want particular kinds of medical treatment. They should give a copy to and discuss their wishes with both the person who will serve in the capacity, as well as their doctor. When hospitalized, they should always bring a current copy of this form with them so that we may assist in ensuring their wishes are known and communicated.

Living Will Declaration or Other Living Will

If the patient does not wish another to make decisions for them when they become unable to speak for themselves, and they are 18 years of older, he/she can write down their wishes as a Living Will. They can use either a California Natural Death Act Declaration form or any Living Will form. They can also use a Durable Power of Attorney for Healthcare form without naming an agent. They should give a copy to and discuss their wishes with their doctor. When hospitalized, they should always bring a current copy of this form with them so that we may assist in ensuring their wishes are known and communicated.

Note ~ 1) Patients can change or revoke any of these documents at any time as long as they can communicate their wishes; and 2) Effective July 2000, a specific form will no longer be required for Durable Power ~ a patient may use any piece of paper to document their power of attorney and/or wishes.
**PAIN MANAGEMENT**

Patients have the right to pain management. Pain is to be regularly assessed, and the assessment methods are appropriate to the patient’s age and/or abilities. The patient is to receive education regarding pain management.

At AGMC all patients must receive a baseline assessment for pain upon admission. We utilize a 0-10 scale (0=no pain, 10=worst pain) to assess pain. For children and cognitively impaired patients, the Wong-Baker Faces or the FLACC pain scale is used.

A plan must be formatted for dealing with the patient’s pain, and the patient needs to be an active participant in the plan of care. When we treat the patient’s pain, we must evaluate whether our intervention worked (within 30-60 minutes of the intervention). If our interventions are ineffective (e.g. the patient’s pain is rated higher than his/her tolerable level) the treatment plan must be re-evaluated. The physician should be consulted. Non-analgesic pain management alternatives should also be considered.

**FLACC PAIN SCALE**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Scoring</th>
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<tbody>
<tr>
<td><strong>FACE</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>LEGS</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>ACTIVITY</strong></td>
<td>2</td>
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<tr>
<td><strong>CRY</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>CONSOLABILITY</strong></td>
<td>4</td>
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</tbody>
</table>

**SKIN ASSESSMENT:**

At the time of admission, all patients should have a complete skin assessment documented on the Initial Assessment Form. Patient with pressure ulcers, or identified as high risk for skin breakdown, should also have a nutritional assessment documented.

Skin integrity should be reassessed and documented on the 24-hour flow-sheet each shift for acute medical inpatients.

Patients with pressure ulcers, or identified as high risk for skin breakdown on the Braden Scale should be re-assessed each shift. For patients with a Braden Score of 16 or less, the physician should be notified, Wound Care Nurse consult considered and appropriate documentation and interventions initiated.

**PATIENT GRIEVANCES**

If the patient has a concern, you should do all in your power to address and resolve their concerns. If necessary, please utilize the chain of command, so that the management team may assist you with the concern as well.

If concerns are not resolved to the satisfaction of the patient, they have the right to contact Administration. Be aware that patients can also file a complaint with the California Department of Health (CDPH).
**BODY MECHANICS/ERGONOMICS**

The back muscles are **weaker** than the leg muscles.

When picking up objects, assess load. If too heavy, get help. Bend knees, hold object/s close to body, keep back straight, tighten abdominals, lift with your legs, avoid twisting motion.

**STAFF RIGHTS**

If staff believes they have difficulty caring for a certain patient for personal reasons, they need to notify their supervisor to see if reassignment may be made.

Employees may also report any concerns about the safety or quality of care provided in the hospital directly to JC or CDPH.

Employees reporting concerns related to safety or quality issues to the Compliance Officer or to Joint Commission will not be subject to any disciplinary action for sharing their concerns. Any attempts at retaliation are prohibited and should be reported to the Compliance Officer.

**MANAGEMENT OF DISRUPTIVE BEHAVIOR:**

Anaheim Global Medical Center maintains a zero tolerance of any intimidating and/or disruptive behavior, especially the most egregious instance, such as assault and other criminal acts by any employee, board member, physician or anyone doing business with the hospital. Physicians will be governed by the Medical Staff policy.

**VIOLENCE PREVENTION – AB508:**

We support a violence-free workplace. All incidents of aggressive behavior must be reported whether it involves an injury or not. Keep the person/patient calm. Give clear and quiet directions. Allow the person to verbalize concerns. Potential signs of violent behavior include: loud, angry speech, pacing around or the presence of a weapon. Special training courses are held at Anaheim Global Medical Center.

Effective teams set clear goals, evaluate progress, plan ahead, take advantage of individual talents, clarify roles, and share leadership. This requires assertive communication, active listening, and constructive criticism.
There are **FOUR** essential steps to take if you discover a fire:

**Rescue**
- People from immediate danger

**Alarm**
- Activate the alarm and dial 2555

**Contain**
- Smoke/fire by closing all doors in the area

**Extinguish**
- The fire if safe to do so; otherwise, evacuate.

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### How to properly operate a Fire Extinguisher

1. **Pull** the pin, release a lock latch or press a puncture lever
2. **Aim** the extinguisher at the base of the fire
3. **Squeeze** the handle of the fire extinguisher
4. **Sweep** from side to side at the base of the flame

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**Oxygen promotes conduction and may support a fire. Care must be taken when transporting patients with oxygen cylinders.**
- No smoking may occur around oxygen-enriched areas.
- Oxygen administration may make the patient feel anxious as their mouth and nose may be covered. Prior to administration of oxygen explain the procedure to the patient – this may help prevent feelings of panic.

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**MRI and Ultrasound are not sources of radiation.**

**How much radiation is given off and received depends on three factors:** *Time, Distance, and shielding.*

Read signs on doors and enter rooms cautiously if there is a radiation sign.

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**To request Safety Data Sheets (SDS), call: 888-362-7416**
FALLS
Fall prevention measures are to be implemented for patients at risk for falls (i.e. room free of clutter, call light within reach, communication risk during hand-off communication. Patients identified as at risk for fall require an individualized fall prevention plan initiated.

BLOOD ADMINISTRATION
Two witness signatures (witness #1 and witness #2) are required instead of one.

The nurse who starts the transfusion may be considered witness #1, provided he/she has completed the patient identification verification process. He/she will be signing his/her name at WITNESS #1, STARTED AND STOPPED.

Nurses are required to enter one hour and two hour in addition to pre, 15 min, and post-transfusion in the vital sign section.

The reporter for transfusion reaction is now required to sign, date, and time when they report a suspected transfusion reaction.

CHART DOCUMENTATION:
Time and sign for each group of entries. If a correction is needed, use a single line through the error and write error with your initials. All entries and signatures must be legible.

TRANSCRIPTION OF ORDERS:
The licensed nurse is responsible for ensuring that the MD orders are transcribed properly and accurately. All written orders are required to be dated and timed by the prescribing physician. All verbal orders are required to be read back to the physician to confirm accuracy and be documented by nurse signature in appropriate space.

SUICIDE ASSESSMENT:
An initial suicide risk assessment must be completed on all patients admitted to the Behavioral Health Units and any patient admitted to an acute care area (e.g. ED, ICU) that is seeking or requiring treatment for an emotional or behavioral disorder. The initial assessment must be completed within 8 hours of an inpatient admission and completed within 24 hours. ED patients must have the initial assessment completed by the end of the ED visit. Interview the patient and or family members. RN’s initiates the plan of care.

Note the presence or absence of factors that increase or decrease the likelihood of suicide attempt. Some factors that increase the likelihood of suicide attempt: chronic debilitating medical illness, including chronic pain, or a terminal illness, limited or no social support, substance abuse, dementia and or delirium. Some factors that decrease the likelihood of suicide attempt: demonstrates positive coping skills, religious/cultural, strong family/social support or good rapport/engagement.

RERAINTS
Restraints have the potential to produce serious consequences, such as physical and psychological harm, loss of dignity and even death.

A restraint policy provides guidelines for safe practice and observance of patient’s rights, while adhering to statues and standards set by the state, the Joint Commission, and the Centers for Medicare and Medicaid Services (CMS). A copy of our policy on restraints is located in the Patient Care Services Manual.

WHAT ARE THE DEFINITIONS OF THE DIFFERENT TYPES OF RESTRAINTS?

- Behavioral Restraint or restraints for violent or self-destructive behavior – the use of restraints or seclusion for violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member or others.

- Non-behavioral Restraint – the use of restraints for behavior that is not violent and not self-destructive; also called medical restraints.

- Restraint – Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely.

- Seclusion - the involuntary confinement of a patient alone in a room or area form which the patient is physically prevented from leaving.

WHEN DO WE USE RESTRAINTS?
Restraints shall be used when ALL OTHER ALTERNATIVE INTERVENTIONS HAVE BEEN INSUFFICIENT TO PROTECT THE PATIENT OR OTHERS FROM HARM. The type of restraints used is the minimum necessary (least restrictive) to ensure the patient’s safety, as well as the safety of others.

WHAT IS THE PROCEDURE FOR CARE OF A PATIENT IN RESTRAINTS?
Restraint use must have a physician’s time-limited order, which includes the patient behavior/justification, type of device to be used and the criteria for release.

Patients placed in behavioral restraints are evaluated within one-hour face-to-face by an RN trained in this procedure.

The patient/family will be educated about the use of the restraints. Patient care includes frequent observation and assessment, removal of restraints for repositioning, range of motion, toileting, and offering of nutrition and fluid.
INFECTION CONTROL:

Every healthcare facility has an established Infection Control Program. As part of the program, an Infection Control Manual is available in every department. The manual contains information about the Infection Control program, the Blood-borne Pathogen Exposure Control Plan, the TB Exposure Control Plan, and other important policies and procedures related to the prevention and management of infections in our hospital.

Locate your department’s infection control manual

Please review it thoroughly. Be sure to note any specific infection control policies for your department.

BloodBorne Diseases

Bloodborne diseases that you could be exposed to on the job include Hepatitis C and Hepatitis B, as well as syphilis, malaria and Human Immunodeficiency Virus (HIV). Currently, the three most significant are Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV).

Workplace Transmission

Blood-borne pathogens may be present in:

- Body fluids such as saliva, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid and any other body fluids visibly contaminated with blood.
- Unfixed tissue or organs other than intact skin from living or dead humans.
- Organ cultures, culture media or similar solutions.

Means of Transmission

BloodBorne pathogens may enter your body and infect you through a variety of means including:

- An accidental injury by a sharp object contaminated with infectious material. Sharps include needles, scalpels, broken glass or anything that can pierce, puncture or cut your skin.
- Open cuts, nicks, and skin abrasions, even dermatitis and acne, as well as the mucous membranes of your mouth, eyes, and nose.
- Indirect transmission, such as touching a contaminated object or surface and transferring the infectious material to your mouth, eyes, nose or open skin.

Hepatitis B Virus (HBV)

Hepatitis means “inflammation of the liver”. Hepatitis B virus (HBV) is the major infectious hazard you face on the job. While the number of healthcare workers (HCW) infected annually has dramatically decreased since the introduction of a vaccine in 1982, approximately 800 HCWs are still infected annually. If you become infected with HBV:

- You may suffer from flu-like symptoms becoming so severe that you require hospitalization.
- You may feel no symptoms at all.
- Your blood, saliva and other body fluids may be infectious.
- You may spread the virus to sexual partners, family members, and even unborn infants.

HBV may severely damage your liver, leading to cirrhosis and death. The risk of becoming infected with Hepatitis B after a contaminated needlestick can be as high as 30%, or a one out of three chance of becoming infected.

In addition to needlesticks, contaminated environmental surfaces can be a mode of HBV spread in certain settings, particularly hemodialysis units. HBV can survive on environmental surfaces, dried and at room temperature, for at least one week. Documented transmission of HBV from surfaces has occurred.

HBV Vaccination:

If you may be exposed to HBV on the job, the Hepatitis B vaccination is available to you at no cost. The vaccine is administered by three injections over approximately a six-month period. The vaccines are safe and effective. It is important that all employees who handle blood and body fluids receive the Hepatitis B vaccine.
**Hepatitis C Virus (HCV)**

Like Hepatitis B, Hepatitis C also infects the liver. Infection with Hepatitis C can be extremely serious. Up to 85% of people with established HCV infections become chronically infected – they are carriers for a lifetime. They are at an increased risk for cirrhosis and cancer of the liver. They are also capable of transmitting the virus to others. An estimated 2.7 million Americans are infected with HCV, mostly as a result of blood transfusion or intravascular drug use (sharing dirty needles). Because HCV infection often does not cause symptoms in its early stages, many people are unaware they are infected. Despite the fact that Hepatitis C is not as contagious as Hepatitis B (risk of contracting Hepatitis C after a contaminated needle stick ranges from 2-5%), there currently is no vaccine for Hepatitis C. Treatment for Hepatitis C infection is costly and can have many side effects.

**HIV**

The Human Immunodeficiency Virus (HIV) attacks the body’s immune system, causing the disease known as AIDS, or Acquired Immune Deficiency Syndrome. Currently there is no vaccine to prevent an HIV infection. A person infected with HIV:

- May carry the virus without developing symptoms for several years
- Will eventually develop AIDS
- May suffer from flu-like symptoms, fever, diarrhea and fatigue 4-6 weeks after becoming infected
- May develop AIDS-related illnesses including neurological problems, cancer and other opportunistic infections

The risk of contracting HIV from a contaminated needlestick is quite low (1 in 300). Exposure via mucous membrane splashes and non-intact skin are an even lower risk (1 in 1000).

HIV is transmitted primarily through sexual contact and intravascular drug use, but may also be transmitted through contact with blood and other body fluids. HIV is not transmitted by casual contact such as touching patients who carry the virus.

**Infection Control Practices**

**Post Exposure Procedure**

Accidents do happen. If you experience an exposure such as a contaminated needlestick or a body fluid splash, how you follow up is extremely important.

Wash the injured area well with soap and water.

Inform your instructor, director/manager and the house supervisor of the injury, and follow-up with your designated care provider.

Follow up immediately after an exposure. The sooner post exposure medicine is started, the more likely it will be effective. Studies on HIV post-exposure prophylaxis are showing that if anti-HIV medication is started within 1-2 hours of the exposure, the person exposed is 80% less likely to seroconvert to HIV positive than if no medicine is taken. FOLLOW UP PROMPTLY!

**Sharps Containers**

Overfilled sharps containers can be the source of needlestick injuries. This injury is totally preventable by closing and sealing sharps containers when the needle level reaches the full line (or ¾ full). Environmental Services (EVS) is responsible for changing the sharps containers as they make rounds. If you find a sharps container that is at the fill line, please page EVS.

**Medical Waste**

Disposal of biohazardous, or red-bag waste, costs 10-20 times the cost of disposal of regular trash. Unfortunately, many of us “red bag” everything remotely medical (e.g. product packaging and non-contaminated protective equipment). As a result, millions of dollar sare being spent unnecessarily for waste disposal; money that could be put to better use for patient care. Follow hospital guidelines regarding medical waste. If you have any questions, call Infection Control.
Standard and Transmission-Based Precautions

Any patient could have an undiagnosed infectious disease, such as hepatitis, that could be transmitted to you or other patients. **Standard Precautions**, which replaced universal precautions and body substance isolation, makes this assumption. **Treat all patients as potentially infectious, and observe Standard Precautions in all situations where there is a potential for contact with blood or other potentially infectious materials.** Always assume that these substances are infectious:

- Blood
- Non-intact skin
- Mucous membranes
- All other body fluids and excretions, except for sweat.

**HAND WASHING** is the single most important defense against the spread of infection. Hand hygiene can be performed with soap and water or an **alcohol-based hand sanitizer**. If your hands are obviously soiled, however, you should still wash your hands with soap and water.

At Western Medical Center Anaheim we are now following the World Health Organizations’ 5 Moments for Hand Hygiene as our guideline for when to perform

**Other standard precaution practices, in addition to hand washing, include:**

- **Wear gloves** when you might touch potentially infectious body fluids, mucous membranes or non-intact skin. Change gloves and wash your hands between procedures on the same patient. Remove gloves promptly after use. Gloves sometimes have small holes, so it’s very important to wash your hands immediately after removing gloves. Gloves should only be worn in the hallways away from the patient care area if there is a clear risk of exposure to blood or other potentially infectious material.

- If a procedure could cause splashing or aerosalization of fluids, wear additional personal protective apparel such as a **mask**, **eye protection and gown**. Remove all protective equipment and discard in the patient’s room. Then, wash your hands.

- Use extreme **caution with all sharps** such as needles and scalpels.
  - Always dispose of sharps immediately after use. The sharps container should be replaced when ¾ full.
  - Never dispose of needles or sharps in regular trash.
  - Never recap, bend or break needles.
  - Use needleless systems.
  - Use devices with “engineered sharps injury protection”.

- Patient care equipment can be a source of infection. Clean and disinfect contaminated equipment with Sani-wipes before using it on other patients. Use a minimum of 2 wipes when disinfecting equipment: one wipe to clean any obvious soiling, and another wipe to disinfect. Disinfection requires the surface being cleaned stay wet for the required time to disinfect. With Sani-wipes this is 2 minutes.

- **Soiled linen**- Handle linens carefully so that you don’t contaminate your skin or clothing. Use foot pedals on linen hampers to avoid touching the hamper.
Transmission Based Precautions

Transmission-Based Precautions, indicated below, are used in addition to Standard Precautions for patients having certain contagious diseases.

Contact Precautions

Contact Precautions are followed for infections involving multi-drug-resistant organisms such as MRSA, and C. difficile, and other conditions spread by contact with the infected individual, like scabies. Multi-drug resistant pathogens can be transmitted by physical contact with the patient’s skin or with items in the patient’s room.

Wear gloves when entering the room.

Add a gown if you have ANY contact with the patient environment.

Remove the gloves and gown before leaving the room, wash your hands!

Do not share patient care equipment, such as blood pressure cuffs, with other patients. Use disposable equipment when possible such as Tempa-Dot thermometers and disposable stethoscopes. Clean and disinfect non-disposable equipment that must be used between patients.

Droplet Precautions

Droplet Precautions are for diseases such as meningitis, influenza and pertussis (whooping cough). These pathogens are transported short distances by large droplets, which are generated by coughing, talking or suctioning. The droplets are so large that they rain down within 2 or 3 feet of the patient, so negative pressure rooms are not required. Wear a mask when entering the room.

Airborne Precautions

Airborne precautions are used for contagious diseases that are transmitted through the air – tuberculosis, measles and chicken pox (varicella). These diseases are caused by tiny droplets that can travel long distances on normal air currents. Patients with these conditions are kept in special negative airflow rooms located in ICU, Unit 4, and CMS. The doors of these rooms must be kept closed. Staff must wear special N-95 respirator masks when entering the room. Family and visitors are required to check in at the nurses’ station and receive instruction regarding disease transmission and proper wearing of masks. This instruction should be documented.

Latex Allergy

Symptoms of latex allergy:

- Urticaria (hives)
- Rashes (with itching and swelling)
- Rhinitis
- Conjunctivitis
- Asthma
- Anaphylaxis

Precautions to take with patients:

- Know which patients are at risk
- If you suspect an allergy, notify the patient’s physician
- Avoid using products made of natural latex with allergic patients

Actions employees can take to keep their hands healthy:

- Use the correct glove for the job
- Wash properly
- Dry after washing
- Use hand lotion regularly
- If you have symptoms that persist, or develop symptoms of an allergy, get a medical consult
ALCOHOL-BASED FORMULATION

An alcohol-containing preparation (liquid, gel or foam) designed for application to the hands for hygienic hand antisepsis.

BODY FLUIDS

Blood; excretions like urine, faeces, vomit; meconium; lochia; secretions like saliva, tears, sperm, colostrum, milk, mucous secretions, wax, vernix; exudates and transudates like lymphatic, pleural fluid, cerebrospinal fluid, ascitis fluid, articular fluid, pus (except sweat); organic samples like tissues, cells, organ, bone marrow, placenta.

CLEAN / ASEPTIC PROCEDURE

Any care activity that implies a direct or indirect contact with a mucous membrane, non-intact skin, an invasive medical device.

During such a procedure no germs should be transmitted.

CRITICAL SITE

Critical sites are associated with risk of infection. They either correspond to body sites or medical devices that have to be protected against harmful germs (called critical sites with risk of infection for the patient), or body sites or medical devices that potentially lead to hand exposure to body fluids and bloodborne pathogens (called critical sites with body fluid exposure risk).

HAND CARE

Actions to prevent skin irritation.

HAND HYGIENE

Any action of hygienic hand antisepsis in order to reduce transient microbial flora (generally performed either by handrubbing with an alcohol-based formulation or handwashing with plain or antimicrobial soap and water).

INDICATION FOR HAND HYGIENE

Moment during health care when hand hygiene must be performed to prevent harmful germ transmission and/or infection.

INVASIVE MEDICAL DEVICE

Any medical device that enters the body either through a body opening or through a skin or mucous membrane breaking.

WHEN?

1. BEFORE PATIENT CONTACT

WHY?

Clean your hands before touching a patient when approaching him or her

2. BEFORE AN ASEPTIC TASK

WHY?

Clean your hands immediately before any aseptic task

3. AFTER BODY FLUID EXPOSURE RISK

WHEN?

Clean your hands immediately after an exposure risk to body fluids (and after glove removal)

WHY?

To protect yourself and the healthcare environment from harmful patient germs

4. AFTER PATIENT CONTACT

WHEN?

Clean your hands after touching a patient and his or her immediate surroundings when leaving

WHY?

To protect yourself and the healthcare environment from harmful patient germs

5. AFTER CONTACT WITH PATIENT SURROUNDINGS

WHEN?

Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even without touching the object

WHY?

To protect yourself and the healthcare environment from harmful patient germs
Sentinel Event:
A sentinel event is an unexpected occurrence involving the death or serious injury to a patient, or risk that a reoccurrence could cause a bad outcome. These events must be immediately reported to the supervisor, and include such things, but are not limited to, infant abduction or discharge of an infant to a wrong family, suicide of an admitted patient, hemolytic reactions, or wrong site surgery. Once reported, an analysis of the root cause must be done on the event.

INCIDENT REPORTING (PAVISSE)
Incidents are reported in Pavisse for any unusual occurrences such as patient falls or visitor injury. Medication errors and adverse drug reactions are recorded in Pavisse.

NEVER 8 REPORTING
(See Policy, 2107 Reportable Occurrences)
Effective July 1, 2007 report an adverse event, as defined in H&S Code § 1279.1, to the California Department of Public Health (CDPH) no later than five (5) days after the event has been detected, or, if the event is and ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors, not later than twenty-four (24) hours after the adverse event has been detected.

This is the list compiled by the National Quality Forum, describing 28 mistakes that are so serious they should never happen:

SURGICAL EVENTS
a. Surgery performed on the wrong body part
b. Surgery performed on the wrong patient
c. Wrong surgical procedure performed on a patient
d. Unintended retention of a foreign object in a patient after surgery or other procedure
e. Intraoperative or immediately postoperative death in an ASA Class 1 patient

PRODUCT OR DEVICE EVENTS
a. Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the healthcare facility
b. Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended
c. Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a healthcare facility

PATIENT PROTECTION EVENTS
a. Infant discharged to the wrong person
b. Patient death or serious disability associated with patient elopement (disappearance)
c. Patient suicide, or attempted suicide, resulting in serious disability while being cared for in a healthcare facility

CARE MANAGEMENT EVENTS
a. Patient death or serious disability associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration)
b. Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO/HLA-incompatible blood or blood products
c. Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare facility
d. Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a healthcare facility
e. Death or serious disability (kernicterus) associated with failure to identify and treat hyperbilirubinemia in neonates
f. Stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility
g. Patient death or serious disability due to spinal manipulative therapy
h. Artificial insemination with the wrong donor sperm or wrong egg

ENVIRONMENTAL EVENTS
a. Patient death or serious disability associated with electric shock while being cared for in a healthcare facility
b. Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances
c. Patient death or serious disability associated with a burn incurred from any source while being cared for in a healthcare facility
d. Patient death or serious disability associated with a fall while being cared for in a healthcare facility
e. Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a healthcare facility

CRIMINAL EVENTS
a. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider
b. Abduction of a patient of any age
c. Sexual assault on a patient within or on the grounds of a healthcare facility
d. Death or significant injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare facility.

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<tr>
<th>Western Medical Center Anaheim FMEA’s</th>
<th>Examples of Sentinel Events:</th>
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<td>Patient suicide</td>
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<td>2007 - Hand Off Communication</td>
<td>Surgery on wrong body part</td>
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<td>2008 - Anticoagulation</td>
<td>Unintended retention if a foreign object in a patient after surgery</td>
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<td>2010 - VTE Prophylaxis for Surgical Patients</td>
<td>Restraint death</td>
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<th>FMEA (Failure Mode &amp; Effects Analysis)</th>
<th>RCA (Root Cause Analysis)</th>
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FMEA
- Focuses primarily on systems and processes.
- Involves identifying the occurrence or possible occurrence of a sentinel event.
- Includes identifying the occurrence or possible occurrence of a sentinel event.

RCA
- Systematic approach used to identify ways that a process can fail, why it might fail, and how it can be made safer.
- Process used to identify the basic or "root" factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. An RCA focuses primarily on systems and processes.

Examples of Sentinel Events:
- Patient suicide
- Surgery on wrong body part
- Unintended retention if a foreign object in a patient after surgery
- Hemolytic transfusion reaction
- Restraint death
- Medication error resulting in death

Western Medical Center Anaheim FMEA’s
- 2006 - Advance Directives
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