Student Information Packet.
January 9, 2019

Dear Nursing Students,

I would like to welcome you as you progress in your academic pursuit in nursing. Los Alamitos Medical Center is committed to provide you with an atmosphere that is conducive to learning. We have students from local and regional nursing, medical, dietary, radiology, laboratory and other health-related programs. Our staff is focused on assisting you with your learning needs. It is important for all to remain focused to provide quality patient care and customer service in support of our hospital’s I CARE values: Integrity, Compassion, Accountability, Respect, Excellence.

We encourage you to work closely with our staff and not hesitate to ask questions or share comments related to procedures you may see. We want you to participate along with us as we strive toward our goal of excellence in patient care and nursing satisfaction, and ultimately, making Los Alamitos Medical Center a preferred place to work. Keeping our patients safe and providing superior customer service to enhance a positive experience for our patients is critical. Nursing is an exciting and challenging profession. By staying positive and making a difference as you learn in each department, you are setting the bar of excellence for the entire hospital. You are truly among a select group of nurses with the passion and commitment to take the next steps in clinical excellence.

Thank you for your hard work and dedication to nursing.

Sincerely yours,

Judith Chabot, MSN, RN, NE-BC
Chief Nursing Officer
Healthy Healing

Our dedication to Healthy Healing is deeply rooted in our Mission and Values:

Mission
We provide excellent healthcare in a compassionate, respectful manner.

I care Values
Integrity, Compassion, Accountability, Respect, Excellence

Los Alamitos Medical Center
LAMC Regulations R/T Nursing Students

1. The entire medication administration process must be observed including the scanning of your patient.**

2. Any invasive procedure must be observed.**

3. Professional attire must be worn at all times (no jeans, t-shirts, tank tops or sandals). You may wear street clothes when selecting you patient(s) the day/evening before your clinical experience **IF permitted by your school or instructor. You are expected to wear a lab coat or school sweater if in street clothes.

4. Please do not congregate at the nurses’ stations or the physician computer areas. You may use these computers if not in use by physicians.

5. Remember to exit out of the computer when you are finished documenting. If you see a line of “P’s” at the bottom of the computer, this means you have multiple charts open. Please be sure to close them. Our Information Services department monitors this so please watch for open charts.

6. Our staff break rooms are small, you may be asked not to use them. The units do have refrigerators that you can leave your lunches in; **be sure to label your lunch containers.**

**Your instructor or the nurse you are working with. (Note 1 & 2)
Organizational Ethics

All employees have the responsibility to display "total integrity" in all our activities. Integrity is the basis of our reputations as individuals. These basic values include:

- Provide high quality, cost effective health services to our patients
- To be honest, trustworthy and reliable in all our relationships.
- To be a leader in the use and application of current techniques and technology.
- To be good corporate citizens
- To be responsive to the needs and expectations of our health care team.
- To pursue profitability and growth.
- To treat all Tenet employees fairly.

All Tenet employees, regardless of rank must observe these standards and never allow personal preferences, inconveniences or competitive pressures to compromise adherence. Violation is a serious matter and may lead to disciplinary action up to and including termination.

When making ethical decisions it is important to consider:

- Are there any laws that apply to the situation?
- Is the issue covered by organizational policies or procedure?
- How will the decision be looked upon by other people?

If in doubt, stop and seek assistance using local resources whenever possible. Guidance is always available from your:

- Immediate supervisor,
- Human Resources Department
- Hospital Administration Department
- Ethics Action Line (1-800-8-ETHICS)

To access information on Ethics and Compliance, go to the eTenet web page and click on the different areas of Compliance.

Ethics & Compliance
- Quality, Compliance & Ethics
- Standards of Conduct
- The Eight Areas of Compliance
- Ethics Action Line

Your Role Under the Compliance Program

Your involvement in Tenet's Ethics and Compliance Program may take many shapes, such as the reading and acknowledgment of the Standards of Conduct, and participating in information and educational programs, including ethics and compliance training, and adhering to relevant policies and procedures and the terms of Tenet's Quality, Compliance and Ethics Program Charter. The Ethics and Compliance Department may also rely upon your cooperation to assist in the review and resolution of compliance issues.
What is Lean Daily Management?

- Daily Management is a process that involves all employees and focuses on daily activities. The process is:
  - Create Targets
    - What is the goal, metric and target?
  - Track Performance
    - Collecting and displaying data
  - Analyze
    - How are we performing in relation to our target
    - Are we “winning” or “losing” each day
    - Understanding why (root cause) we did not achieve our target
  - Correct
    - Taking action to eliminate the root cause of the problem
  - Review
    - Closing the loop – Ensuring the solutions are working and adjusting if necessary
PATIENT RIGHTS

A copy of these rights and responsibilities is given to all patients, family members, employees, members of the medical staff and governing board, and the general public.

These rights include:

1. Access to Care
2. Respect and Dignity
3. Pain Management
4. Dying/Grieving Process
5. Privacy and confidentiality
6. Personal Safety
7. Ethical Issues
8. Experimental Drugs/Devices/Clinical Trials
9. Identity
10. Information
11. Communication
12. Consent
13. Advance Directives
14. Consultation
15. Refusal or Acceptance of Treatment
16. Transfer and continuity of Care
17. Hospital Charges
18. Hospital Rules and Regulations
19. Complaints and Conflict Resolution

Patient responsibilities:

1. Provide accurate, complete information
2. Follow treatment plan; comply with instructions
3. Accept responsibility if treatment refused
4. Financial obligations
5. Follow hospital rules; be considerate of others
Restraints

Patients have right to be free from restraints. Los Alamitos Medical Center strives to maintain a “restraint-free” environment for our patients.

At times it may be necessary to restrain a patient to protect them from harming themselves or others. Restraints used may be non-behavioral or behavioral. The use of behavioral restraints is limited to the Emergency Department or Critical Care Units.

Only staff members who have received education and have documented evidence of competency are authorized to apply and/or remove restraints. If you need to provide care to a patient in restraints, inform and request assistance from the licensed nurse assigned to the patient.

Placing a patient in restraints requires a specific order. PRN orders are not accepted. The order must contain specific information and is allowed for a limited period of time, which varies, depending on the type, age and reason for the restraint. A physician’s order for a restraint is required with all appropriate information provided as indicated based on the type of restraint used.

While restraints are being utilized, patients require additional care and monitoring to ensure that their safety and comfort is maintained, and that their basic needs are met. Documentation for compliance in providing care and appropriate monitoring is completed in the patient's medical record. The information must be filled out correctly, completely, and in a timely manner.

We have implemented a policy of hourly rounding to address the 5 “P’s” – checking for Pain management; “Potty” (in fluid levels, oral fluids, and offering toileting); Positioning; attention to Personal needs and Possessions; and “Pump” (IV fluid administration). We hope this will lessen the need for restraints and improve the comfort and care of our patients.
SPOT A STROKE F.A.S.T.
F.A.S.T. is an easy way to remember the sudden signs of stroke.

FACE DROOPING
Does one side of your face droop or is it numb? Try to smile.

ARM WEAKNESS
Is one arm weak or numb? Try to raise both arms. Does one arm drift downward?

SPEECH DIFFICULTY
Is your speech slurred or are you unable to speak? Try to repeat a simple sentence like, "The sky is blue." Can you say it correctly?

TIME TO CALL 9-1-1
If you or a loved one has any of these symptoms, even if they go away, call 9-1-1 and go to the hospital immediately.

OTHER SYMPTOMS YOU SHOULD KNOW:
- Sudden numbness or weakness of the leg
- Sudden confusion or trouble standing
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

Are you at risk for stroke? Find out now: OCHealthCheck.com/StrokeRisk

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- American Heart Association Get With The Guidelines — Stroke Gold Plus Target Stroke Elite Plus
- The Joint Commission Certified Primary Stroke Center

LOS ALAMITOS MEDICAL CENTER IS PROUD TO SUPPORT
THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S
MY HEART. MY LIFE. CAMPAIGN

American Heart Association
American Stroke Association
My Heart. My Life.
BODY MECHANICS

Proper Body Mechanics - Definition
  o The best position of the body at rest or during activity to prevent abnormal stresses on the spine.

Proper Body Mechanics - Principles
  o Inspect the Load
  o Wide base of support
  o Get close to the object
  o Squat down, Bend over the hips
  o **DO NOT USE YOUR BACK!**
  o Lift with your legs & buttocks
  o No twisting or turning the back
  o **KEEP YOUR BACK STRAIGHT!**
  o Feet pointed in the direction of the move.
  o Ask for help when you need it.
INTRODUCTION:

Back pain is mankind’s most common ailment and the most common type of work related injury. Once you have a back injury, there is an increased chance of recurring back problems. The primary goal of proper body mechanics is to prevent additional trauma to an existing back problem. Remember, prevention is much easier than cure.

RULES FOR GOOD BODY MECHANICS

1. When lifting, keep your back straight and avoid bending from the waist. Bend at your hips and knees and lift with your legs, not your back. Your leg muscles are much stronger than your back muscles.
2. Avoid lifting heavy objects higher than your waist.
3. Always turn and face the object you wish to lift. Turn by pivoting or moving your feet, not twisting your trunk.
4. Avoid carrying unbalanced loads.
5. Stand close to the weight to be lifted, and carry it close to your body.
6. Never push, pull or carry anything, which you cannot handle with ease. Ask for help if the weight you are attempting to move is too heavy to handle alone.
7. Avoid sudden movements; learn to move more deliberately.
8. If carrying heavy weights, rest frequently or support the body whenever possible.
9. When mopping, vacuuming, sweeping etc., always work with the tools close to your body. Work areas should be arranged to minimize strain. Never use a —giant|| step or long reaches to perform your work activities.

10. When standing, sitting, or lying in bed, keep your head in line with the spine.

11. Try to maintain —good|| posture by keeping your buttocks tucked and stomach flat. Wear low or moderate heels to avoid excessive back strain.

Remember Five Keys to Prevention

(1) Posture: The reason for most common strains to your back is over stretching of the supportive structures. Stretching occurs when the lower back is bowed out. In order to prevent strain, your back must maintain its normal position (a curve that looks like a —S (from the neck to the tailbone) at all times.

(2) Rest: Proper rest is vital to the maintenance and function of a normal spine.

(3) Body Mechanics: Reaching and staying in one position for a long period of time is also very dangerous for your spine. Learning how to hold your spine properly will reduce the danger of these activities.

(4) Lifting: Most back injuries occur while lifting. Mastering the proper technique will prevent this type of injury and asking for help from team members.

(5) Exercise: Proper exercise is an important part of the prevention of back injury. It should be your goal to maintain good mobility and strength in your back.
Don't lift a patient alone!  
"Ask for Help"

Or 

Use LIFT Equipment

PATIENT MEDICAL SAFETY

Patient safety is everyone's concern. Medical errors of all types can be reduced or eliminated. While no one is perfect, communication and processes can be put in place to help everyone learn from past mistakes and improve patient safety. Communication and cooperation makes all the difference! By working together, individuals and departments can help ensure that patient safety comes first.

What are medical errors? They are any type of diagnostic or treatment-related errors that cause, or could cause, harm to patients. They can result in:

- Serious physical problems for patients. In some cases, errors can cause death.
- Emotional trauma for staff, patients and their families.
- Loss of trust in your hospital and in the healthcare system in general.

This contributes to higher costs for malpractice insurance and legal counsel.

Some other or serious physical or psychological injury of a patient.

Performance Improvement: This is a continuous, ongoing effort on the part of ALL healthcare workers to find and communicate new and better ways of doing things.

Performance improvement is important in all areas of healthcare.

Improving important terms you should know:

Sentinel Events: These are unexpected events that result in the death medical practices helps patients and enhances:

Your personal experience. Communicating and playing a role in the prevention of errors can be a great source of professional pride.

Your department's performance. When people communicate openly about past incidents and make plans for improvement—everyone in the group tends to feel valued and supported. Your hospital's reputation.
PATIENT MEDICAL SAFETY

In 2002, The Joint Commission set new standards for patient safety. Patient safety is everyone's concern. Medical errors of all types can be reduced or eliminated. While no one is perfect, communication and processes can be put in place to help everyone learn from past mistakes and improve patient safety.

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Some other important terms you should know:

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Improving medical practices helps patients and enhances:

- Your personal experience. Communicating and playing a role in the prevention of errors can be a great source of professional pride.
- Your department’s performance. When people communicate openly about past incidents and make plans for improvement—everyone in the group tends to feel valued and supported.
- Your hospital’s reputation. The Joint Commission on Accreditation of Healthcare Organizations performance of healthcare organizations. A good standing with TJC helps build public confidence in your organization's ability to serve and protect patients.

Every person in every department has a role! Medical errors can be prevented when people:

- Communicate and work together across departments: This means EVERYONE needs to pitch in, including administrators, physicians, nurses, pharmacists, therapists, and support staff.
- Set goals: Eliminating medical errors is a challenge—but it can be done!
- Focus on systems: This means communicating about and improving procedures to help prevent mistakes. It also means taking blame away from employees and looking at the process(es) that led to the error.
Learning from Incidents
Actual and Near misses

- **Q-Precision** is electronic reporting/tracing system for close calls, near misses and actual patient safety issues. Available for employees.

- **Report:**
  - Sentinel Events (deaths or disability due to hospital event)
  - Patient/visitor Falls
  - Drug/IV/Blood related issues
  - Equipment failure
  - Upset patient/family
  - Surgery/Anesthesia related
  - Labor/Delivery related
  - Security related
  - Other issues related to quality of care, risk or security
Cultural Considerations

The culture to which an individual belongs plays an important role in shaping beliefs and behaviors. Diversity in the healthcare environment necessitates employees to be open-minded, and respectful of each person’s values and cultural differences. As healthcare providers it is important to be open-minded in becoming aware of culture differences. It can affect the quality of care we give to our patients, as well as our interactions with other staff members.

Culture consists of a body of learned beliefs, traditions, and guides for behaving and interpreting behavior that are shared among members of a particular group. It includes values, beliefs, behaviors, preferences, customs, verbal and non-verbal communication styles and institutions. Visible aspects of a culture include clothing, art, buildings and food. Less obvious differences include things like religious beliefs, sexual orientation, political views, and educational background. Children raised in a particular group are said to be encultured into its “right” ways.

Since we are all products of our different cultures it is important to recognize any biases or prejudices we may have towards others. Based upon our sources of input, it is easy to form opinions about entire groups. This is how stereotypes begin. When working with people from other cultures, generalizations about one group cannot be made. Just as all Americans are not alike, all Mexicans, Asians, and Middle Eastern people are not alike either. It is easy to make judgments of others based upon their skin pigmentation, speech patterns or accents. Take time to find out about the person before jumping to conclusions.

Some general guidelines to keep in mind in being sensitive to other cultures include, but are not limited to the following:
- Be non-judgmental of other cultures. What someone may feel is inappropriate, may be normal and right for other cultures.
- Do not attempt to change the way other people feel. This may create feelings of animosity. Attempt to build rapport instead by finding out what leads someone to feel the way they do.
- Work on developing patience and tolerance for others
- Keep an appropriate sense of humor about you
- Examine your own beliefs and values. Ask yourself, “Why do I believe this?” and “What makes me feel that way?”

Take the time to learn about yourself and other cultures. Some questions you can use to help guide you on this journey include:
1. Can I describe cultural beliefs, values and behaviors of a group different than my own?
2. Can I describe three traditional healing and practices of specific ethnic groups in my local area?
3. Do I apply general cultural information as hypotheses, not as stereotypes?
4. How can I show respect for others values and beliefs?
5. What are my own cultural beliefs, values and practices that influence myself?
6. What kind of help would I like to receive from someone in my job role if I was on the other side?

Sometimes differences and conflicts can occur because of differences that may exist in our language. Guidelines to help through these kinds of differences include:
- Listen carefully to what is said
- Repeat messages that are not readily understood
- Phrase questions in different ways
- Create a relaxed atmosphere
- Accept responsibility for a lack of understanding

In summary, keep in mind that the person you are interacting with from another culture is your best teacher and expert on their culture. Ask sensitive, but appropriate questions to find out more about them and what may be causing them to respond the way they are. If we ask with respect and genuine desire to learn from them, they will tell us how we can improve our relationships. Every cultural group includes considerable variations. Only by acquiring more knowledge about others will it be possible to reduce ignorance.
Age/Patient Population Related Issues

TJC requires healthcare workers to relate to their patients in age-appropriate ways. LAMC's competence process confirms and documents that all staff who have direct patient contact are competent in regards to the specific age groups they care for. This is based on criteria identified for each unit and position description.

All patients deserve to be treated with respect for their stage of life. Be familiar with each stage of life and the related patterns, characteristics, health concerns, and ways of talking about issues.

Infant/child/adolescent

The developing systems of pediatric patients are more vulnerable to diseases than are those of adults.

Vital signs for the neonate are different than those for infants, children, and young adults. You will need to anticipate the neonate's needs because his or her only way of communicating is through crying.

Young children believe in magical things and may not understand explanations of procedures. It is helpful to explain things with demonstrations.

Talking with older children should be straightforward. As an older child approaches adolescence, it is important to provide privacy during procedures.

Adolescents are likely to be very concerned with how treatments or procedures may affect their self-image, peer relationships, or appearance.

Young adults are busy balancing the demands of career and family. People in this age group may ignore signs or symptoms of disease, feel invulnerable to illness, and may not have accepted their mortality.

Middle age/Old age

During middle age many chronic health conditions may emerge. It is important for people in this age group to get regular checkups.

Conditions such as arthritis, heart disease, hearing problems, and high BP are more common in older adults.

Older adults may feel great stress due to losses that occur at this stage in life. An example of loss at this stage is the loss of friends due to death and disease.

Diminishing sensory functions make safety considerations a priority for older adults. Old, old adults have less vigorous immune systems. They may be coping with chronic illnesses and the need to be dependent on others.
# A Quick Reference Guide to Assault and Abuse Reporting Requirements

<table>
<thead>
<tr>
<th>Reporting Trigger</th>
<th>Child Abuse and Neglect</th>
<th>Elder/Dependent Adult Abuse</th>
<th>Injury by Firearm or Assaultive/Abusive Conduct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandated reporter has observed or has knowledge of a child whom he or she knows or reasonably suspects has been the victim of child abuse or neglect. May also report serious emotional damage or risk thereof (not required)</td>
<td>Mandated reporter has observed or has knowledge of (including being told by the elder/dependent adult) an incident that reasonably appears to be abuse</td>
<td>Health practitioner and physician providing medical services to a patient whom they reasonably suspect has a physical condition resulting from: 1. A wound or injury by a firearm (self-inflicted or by another person) or 2. A wound or injury resulting from assaultive or abusive conduct (as defined by Penal Code 11160(d))</td>
<td></td>
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<tr>
<td><strong>Includes</strong>: non-accidental physical injury that was not self-inflicted; sexual abuse; neglect; willful harm, injury or endangerment; unlawful corporal punishment or injury; abuse or neglect in out-of-home care</td>
<td><strong>Includes</strong>: physical abuse, neglect, financial abuse, abandonment, isolation, abduction or other treatment with resulting physical harm or pain or mental suffering, or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering</td>
<td><strong>Includes</strong>: murder, mayhem, assault, rape, battery, abuse of spouse or cohabitant and additional offenses as defined by Penal Code 11160(d)</td>
<td></td>
</tr>
<tr>
<td><strong>Applies to</strong>: minors under age 18</td>
<td><strong>Applies to</strong>: elder persons age 65 or older; dependent adults ages 18 to 64 with physical or mental limitations; adult inpatients (age 18 to 64) in an acute care hospital or other 24-hour health facility</td>
<td>Duty to report applies even if treating a condition not related to the assault, abuse or firearm injury</td>
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<tr>
<td><strong>Note</strong>: reporting of a minor’s sexual activity varies with age and circumstances</td>
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</table>

| To Whom to Report | Child protective services | Varies depending on where the suspected/alleged abuse occurred: 1. **Long-term care facility, physical abuse**: report to local ombudsman, local law enforcement, and corresponding licensing agency (CDPH or DSS) 2. **Long-term care facility, abuse other than physical**: report to local ombudsman or local law enforcement 3. **State mental health hospital or state development center**: report to designated investigators at California Department of State Hospitals, California Department of Developmental Services, and local law enforcement 4. **Anywhere other than the above**: report to adult protective services agency or local law enforcement | Local law enforcement |

| Time Frame | 1. Immediate telephone report 2. Follow up with written report by mail, fax or email within 36 hours | 1. Immediate report by telephone or confidential Internet reporting tool (if available) 2. If initially reported by phone, follow up with written report or Internet report within two working days **NOTE**: If the abuse occurred in a long-term care facility, quicker reporting is required (sometimes within 2 hours of learning of the incident). See Welfare and Institutions Code Section 15630(b). | 1. Immediate telephone report 2. Follow up with written report within two working days |

| Required Form | “Suspected Child Abuse Report,” Department of Justice, Form SS 8572. Obtain from local social services or child protective services agency or download at www.ccfmte.org | “Report of Suspected Dependent Adult/Elder Abuse,” California Department of Social Services, Form SOC 341, download at www.ccfmte.org | “Suspicious Injury Report,” Office of Emergency Services (OES), Form CalOES 2-920, download at www.ccfmte.org |

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**Sexual Assault/Rape** In addition to the above reporting requirements, each county must designate at least one general acute care hospital to perform forensic examinations on victims of sexual assault, including child molestation. Examination requires the consent of the patient. Local law enforcement must be notified by telephone prior to beginning the forensic examination. Forensic report forms may be downloaded at www.ccfmte.org.

*See chapter 19, "Assault and Abuse Reporting Requirements," of CHA's Consent Manual for additional information.*

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PERFORMANCE IMPROVEMENT

- Los Alamitos is committed to continuously improving performance and patient care outcomes.

- The medical staff, employees and contracted services participate in identifying opportunities to improve, data collection, multidisciplinary teams and implement actions to sustain improvements.

- The methodology selected by Los Alamitos to analyze and improve care/services and processes/outcomes is called the PDCA. It is a four step process
  - Plan
  - Do
  - Check
  - Act

- Everyone is involved in performance improvement. We have departmental, individual or team activity and medical staff committees. Your suggestions for improvement are important. At least annually, we have a Quality Day where you can learn what areas the hospital is focusing on and a questionnaire is distributed for your input. We encourage employee participation on committees and teams that improve care and services.

- The following are Los Alamitos Performance Improvement Initiatives:
  - Patient Safety: There are several areas of focus: (1) Patient Identification, (2) communication: there is a list of approved abbreviations, the need to read back all verbal orders for validation, timeliness of stat orders (3) Improve the safety of high alert medications, (4) Eliminate wrong site, wrong patient, wrong procedure, (5) Improve the safety of using infusion pumps,(6) Improve the effectiveness of clinical alarm systems, (7) Infection Control (8) Medication along the continuum of care (9) Fall prevention
    - There are other initiatives that follow National Patient Safety Guidelines as well as other national based standards.

- Our Risk Management Program is a process designed to:
  - Identify areas that need evaluation
  - Identify process to improve and prevent injuries to employees, patient’s, visitors and physicians in the hospital
  - Control any claims for compensation due to injury, loss of property or dissatisfaction with services
  - Assure participation of all employees.
LAMC Process Improvement Methodology: PDCA

**PLAN**
1. Identify problem using data
2. Describe current process
3. Identify and rank root causes
4. Develop solution, action plan, target dates, monitoring methods

**Do**
5. Implement solution or process change (possibly in one area first)

**Check**
6. Review/evaluate result of change (measurements demonstrate improvement from baseline)

**Act**
7. Reflect and act on learnings (assess results, recommend changes, roll-out to other areas, standardize, celebrate success)
AIDET: Five Steps to Achieving
Make the AIDET Connection

Acknowledge
Make eye contact, a smile, and greeting them with a pleasant manner.

Introduce
Introduce yourself by saying who you are, what department you are from and the purpose of your interaction.

Duration
Remember to keep patients and family informed about time expectations. For example: wait times, physician rounds, pain management, meal delivery.

Explanation
Be clear on what to expect. Ask for and be willing to answer questions they may have.

Thank you
Take time to always thank the patients and their family members for their time, patience, cooperation, and for choosing our hospital.
When you’re mindful, patients mend.

When you’re respectful, patients rest.

When you’re helpful, patients heal.

Healthy Healing
Quiet Time

Rest and sleep are an important part of recovery. We are dedicated to our Quiet Time program. Reducing noise to create a restful and quiet environment is proven to increase healing and patient satisfaction.

To assist with our Quiet Time:

- Ancillary services will limit their patient interactions
- Daily disturbances will be at a minimum, without delaying patient care
  - Check with the patient nurse or charge nurse prior to disrupting the patients rest
- Hallway lights will be dimmed
- Patient room doors may be closed
- No unit overhead call system paging - Operators please limit overhead pages if at all possible during this time
- Staff phones and pagers are placed on vibrate
- Patients are offered ear plugs and eye masks
- Staff conversations are kept low

Healthy Healing
<table>
<thead>
<tr>
<th>SCREENING/DISEASE</th>
<th>ON ADMISSION</th>
<th>FOLLOW-UP CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA history or positive MRSA screen MRSA Admission Screening:</td>
<td>No Contact Precautions!! Standard Precautions only. Focus on hand hygiene!</td>
<td>Visitors to be taught excellent hand hygiene. Visitors do not need to wear PPE unless they are performing care that puts them at risk for exposure to a body fluid.</td>
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<tr>
<td>1. Critical Care Admission</td>
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<td>2. Admitted from SNF</td>
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<td>3. DC from Acute Care in last 30 days</td>
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<tr>
<td>4. Dialysis patients</td>
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<tr>
<td>5. Inpatient surgical pts that meet above criteria (1 through 4)</td>
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<tr>
<td>Active MRSA infection (bacteremia, pneumonia, UTI or wound)</td>
<td>Place patient in Contact Precautions (GREEN SIGN) when positive culture results received.</td>
<td>Patient remains in Contact Precautions for the duration of the admission. Visitors need to be taught hand hygiene. Do not need to wear PPE.</td>
</tr>
<tr>
<td>Patients with suspected infectious diarrhea including possible C. diff (no isolation for a history of C. diff)</td>
<td>Place patient in Contact Enteric Precautions (BROWN SIGN) immediately. C. diff patients remain in Contact Precautions for the entire admission.</td>
<td>Wash hands with soap and water for 15-20 seconds following patient contact. Disinfect equipment with bleach wipes- 4 minute contact time.</td>
</tr>
<tr>
<td>All other MDROs (history in last year or new result)</td>
<td>Place patient in Contact Precautions (GREEN SIGN) when positive culture results received. Micro calls all positive MRDOs to nurse as soon as available.</td>
<td>Patient remains in Contact Precautions for the duration of the admission. Visitors need to be taught hand hygiene. Visitors do not need to wear PPE unless they are performing care that puts them at risk for exposure to a body fluid.</td>
</tr>
<tr>
<td>VRE* ESBL** CRE*** Other resist organisms ID’d by lab (e.g. Acinetobacter, Pseudomonas)</td>
<td>Immediately place patient in Airborne Precautions-negative pressure room (Rooms 127,130, 162, 167, and 113) if TB suspected. (LIGHT BLUE SIGN) N95 respirator mask required.</td>
<td>Patient remains in Airborne Precautions until 3 AFB smears result negative and MD orders isolation discontinued. N-95 masks for patient care and PAPRs for aerosol generating procedures. Pt. is confine to room except for emergency tests.</td>
</tr>
<tr>
<td>Rule out or confirmed TB MD orders sputum for AFB; every 8 hours X 3 (at least one early morning specimen required) *RT to collect sputum specimens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herpes Zoster- Shingles</td>
<td>Standard Precautions</td>
<td>Wear gloves when touching rash</td>
</tr>
<tr>
<td>Chicken pox, Disseminated Shingles (immunocompromised pts with shingles over 3 or more dermatomes), Measles</td>
<td>Place patient in AIRBORNE &amp; CONTACT Precautions</td>
<td>Patient to remain in isolation for the duration of illness. HCP with immunity should provide care and wear N-95.</td>
</tr>
<tr>
<td>Scabies</td>
<td>Place patient in Contact Precautions (GREEN SIGN).</td>
<td>Contact Precautions until 24 hours after treatment completed. Pt. clothing should be bagged and sent home with laundry instructions.</td>
</tr>
<tr>
<td>Suspected or confirmed Seasonal Influenza A or B</td>
<td>Droplet Precautions (PURPLE SIGN) Private room and mask with a shield.</td>
<td>Patient to remain in Droplet Precautions for 7 days after the symptoms started or 24 hours after symptoms resolve (fever/cough), whichever is longer.</td>
</tr>
<tr>
<td>Suspected or confirmed bacterial meningitis</td>
<td>Droplet Precautions until Meningococcal or Haemophilus influenza B ruled out.</td>
<td>Patient to remain in Droplet Precautions until 24hrs of effective antibiotic Rx completed for Meningococcal or Haemophilus influenza B.</td>
</tr>
</tbody>
</table>

*MDRO = Multiple Drug Resistant Organism  **ESBL = Extended Spectrum Beta Lactamase (seen with E coli, K. pneumoniae, P. mirabilis)  ***CRP = Carbapenem Resistant Enterobacteriaceae (includes K. pneumoniae) May cohort patients with same organism
GUIDELINES FOR INFECTION CONTROL

The Guidelines are intended to protect patients and healthcare givers from potential exposure to communicable diseases. The guidelines attempt to be comprehensive and address patient care issues, the environment, transportation, and equipment management in the hospital setting.

<table>
<thead>
<tr>
<th>Precautions</th>
<th>When Used</th>
<th>Some Examples of Disease</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>All Patients&lt;br&gt;All blood, body fluids, secretions, excretions (except sweat) and contaminated items.&lt;br&gt;Nonintact skin Mucous membranes</td>
<td>All patients</td>
<td>Use barrier precautions (mask, goggles, gowns, gloves) as needed to prevent contact with blood, body fluids, excretions, secretions, and contaminated items.&lt;br&gt;&lt;strong&gt;Wash hands or use handsanitizer before and after contact or glove use.&lt;br&gt;Use handsanitizer and change gloves between patients.&lt;/strong&gt;&lt;br&gt;Take care to prevent injuries when using sharps. Activate safety devices immediately after use and dispose of sharps at time of use in proper sharp disposal container.</td>
</tr>
</tbody>
</table>

Transmission Based Precautions In Addition to Standard Precautions

<table>
<thead>
<tr>
<th>Precautions</th>
<th>When Used</th>
<th>Some Examples of Disease</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airborne</td>
<td>Spread by droplet nuclei particle</td>
<td>Measles, Varicella, Tuberculosis, Disseminated Herpes Zoster</td>
<td>Private room, negative air pressure, door closed.&lt;br&gt;N95 Respirator, mask on patient during transport.&lt;br&gt;Must be fit tested for N95 respirator.&lt;br&gt;Monitor above door should show a green light if negative pressure is working</td>
</tr>
<tr>
<td>Droplet</td>
<td>Spread by droplets</td>
<td>Meningitis (Meningococcal)&lt;br&gt;Diphtheria,&lt;br&gt;Mycoplasma&lt;br&gt;Pneumonia,&lt;br&gt;Influenza, Mumps, Rubella</td>
<td>Private room if possible, wear regular mask within 3 feet of patient, limit transport, surgical mask on patient during transport</td>
</tr>
<tr>
<td>Contact</td>
<td>Spread by contact with intact skin or surfaces</td>
<td>Resistant bacteria like MRSA, VRE, ESBL, Resistant Acinetobacter, C difficile colitis Scabies</td>
<td>Private room. If private room unavailable, patients with some microorganisms, may be placed in the same room. Wear gloves. <strong>Mask for MRSA patients only.</strong> Avoid contamination of hands. Wear gown. Limit transport when possible. Dedicate use of patient care equipment to a single patient. If use of common equipment, disinfect after use. <strong>Wash hand with soap and water with C diff pts</strong></td>
</tr>
</tbody>
</table>
# Waste Disposal

## Regular Waste
- Sink/Regular Waste bag
- *Some non-toxic meds can go in the SINK.*
  - Examples: Plain IVs or IVs with electrolytes or vitamins

<table>
<thead>
<tr>
<th>Regular Waste Bag</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV bags and tubing without medication additives</td>
</tr>
<tr>
<td>IV Plain &amp; Electrolyte</td>
</tr>
<tr>
<td>TPN</td>
</tr>
<tr>
<td>Empty medication vials or containers</td>
</tr>
<tr>
<td>Trash / wrappers</td>
</tr>
<tr>
<td>Dressings (band-aids)</td>
</tr>
<tr>
<td>Chux &amp; Diapers</td>
</tr>
<tr>
<td>Gloves</td>
</tr>
<tr>
<td>Empty Foley bags and other drainage bags</td>
</tr>
<tr>
<td>Disposable patient items</td>
</tr>
<tr>
<td>Sanitary napkins</td>
</tr>
<tr>
<td>Food products</td>
</tr>
</tbody>
</table>

## Biohazardous Waste
- Red Bag

## Sharps: Sharps Disposal Containers
- Red Container

- Blood and all other Potentially Infectious Material (OPIM)
- Blood tubing/bags/hemovacs/pleuropacs
- Soaked/dripping bloody dressings
- Intact plastic bottles with bloody fluid or Other Potentially Infectious Material (OPIM)
- Suction linens with bloody fluid or Other Potentially Infectious Material (OPIM)
- All disposable items soaked or dripping with blood or Other Potentially Infectious Material (OPIM)

## Pharmaceutical Waste: Blue Lid and White Container and "Smart Sink"**

- All sharps
  - Example: needles, broken glass vials, broken ampules, blades, scalpels, razors, pins, clips, staples
- All empty syringes, tubes, carpjector or those with trace (unpourable) amount of medication
- Intact glass bottles with bloody fluid or Other Potentially Infectious Material (OPIM). (Use large volume sharps container with foot pedal if needed)
- Trocars, introducers, guide wires, sharps from procedures, specimen devices in endoscopy, etc. (Use large volume sharps container with foot pedal if needed)

## Trace Chemo is <7ml volume:

- All supplies used to prepare and administer chemo medication
  - IV bags and tubing with residual medication
  - Residual or wasted narcotics and/or controlled drugs – expel content into container
  - Narcotic patches (fold in half)
    - Example: Fenestrated patch
  - Partially used/residual prescription or non-prescription medication
  - Creams, ointments, eye drops, suppositories

## Chemo: Yellow Container

- Hazardous R.C.R.A. * Pharmaceuticals: Black Container

- Return to Pharmacy if RCRA containers not available in the nursing units

- Examples:
  - Nitroglycerin tablets
  - Inhalers with residual (if empty-regular trash), ONLY NON HFA
  - Unused nicotine gum or patches
  - Unused/residual acetone
  - Nitroglycerin Spray
  - Coumadin wrappers or waste

## Notes:
- **Smart Sink – Controlled Substance waste only**
- Unopened/Unused or expired Medications: Return to Automated Dispensing Unit or Pharmacy

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*Federal Resource Conservation and Recovery Act (RCRA)*

Hazardous medications per NIOSH list (National Institute for Occupational Safety and Health)
Hazard Communication Standard Pictogram

As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.

<table>
<thead>
<tr>
<th>Health Hazard</th>
<th>Flame</th>
<th>Exclamation Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Carcinogen</td>
<td>• Flammables</td>
<td>• Irritant (skin and eye)</td>
</tr>
<tr>
<td>• Mutagenicity</td>
<td>• Pyrophorics</td>
<td>• Skin Sensitizer</td>
</tr>
<tr>
<td>• Reproductive Toxicity</td>
<td>• Self-Heating</td>
<td>• Acute Toxicity (Harmful)</td>
</tr>
<tr>
<td>• Respiratory Sensitizer</td>
<td>• Emits Flammable Gas</td>
<td>• Narcotic Effects</td>
</tr>
<tr>
<td>• Target Organ Toxicity</td>
<td>• Self-Reactives</td>
<td>• Respiratory Tract Irritant</td>
</tr>
<tr>
<td>• Aspiration Toxicity</td>
<td>• Organic Peroxides</td>
<td>• Hazardous to Ozone Layer (Non-Mandatory)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gas Cylinder</th>
<th>Corrosion</th>
<th>Exploding Bomb</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Gases Under Pressure</td>
<td>• Skin Corrosion/Burns</td>
<td>• Explosives</td>
</tr>
<tr>
<td></td>
<td>• Eye Damage</td>
<td>• Self-Reactives</td>
</tr>
<tr>
<td></td>
<td>• Corrosive to Metals</td>
<td>• Organic Peroxides</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Flame Over Circle</th>
<th>Environment (Non-Mandatory)</th>
<th>Skull and Crossbones</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Oxidizers</td>
<td>• Aquatic Toxicity</td>
<td>• Acute Toxicity (fatal or toxic)</td>
</tr>
</tbody>
</table>

For more information:
OSHA® Occupational Safety and Health Administration
U.S. Department of Labor
www.osha.gov (800) 321-OSHA (6742)
2019 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

**Identify patients correctly**
- NPSG.01.01.01 Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
- NPSG.01.03.01 Make sure that the correct patient gets the correct blood when they get a blood transfusion.

**Improve staff communication**
- NPSG.02.03.01 Get important test results to the right staff person on time.

**Use medicines safely**
- NPSG.03.04.01 Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.
- NPSG.03.06.01 Record and pass along correct information about a patient’s medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

**Use alarms safely**
- NPSG.05.01.01 Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

**Prevent infection**
- NPSG.07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
- NPSG.07.03.01 Use proven guidelines to prevent infections that are difficult to treat.
- NPSG.07.04.01 Use proven guidelines to prevent infection of the blood from central lines.
- NPSG.07.05.01 Use proven guidelines to prevent infection after surgery.
- NPSG.07.06.01 Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

**Identify patient safety risks**
- NPSG.15.01.01 Find out which patients are at risk for suicide.

**Prevent mistakes in surgery**
- UP.01.01.01 Make sure that the correct surgery is done on the correct patient and at the correct place on the patient’s body.
- UP.01.02.01 Mark the correct place on the patient’s body where the surgery is to be done.
- UP.01.03.01 Pause before the surgery to make sure that a mistake is not being made.

The Joint Commission
Accreditation
Hospital

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.
Pain Management Program

"Patients come to us in their most vulnerable time of need. They all fear the unknown and they fear being in pain."

By focusing on three critical areas of patient satisfaction, the perception of the patient on their quality of care will be improved.
1. Response time to call lights
2. Teamwork
3. Pain management

Our goal here at LAMC is to respect and support the patient's rights to the best possible management of pain.

Teaching tips on Pain Management
1. Listen to your patients with courtesy and respect.
2. If the pain med isn't working, ask the doctor to change it.
3. If the pain med is due, offer it.
4. Try extra comfort measures (repositioning, heat, cold, room temperature, distractions like TV, music, reading materials)
5. Never ignore or minimize patient's report of pain.
6. Never let the patient wait for their pain medication.
7. Medicate (if appropriate) BEFORE change of shift and BEFORE you go to lunch.
8. Educate those patients who refuse pain meds because of fear of addiction.
9. Medicate before certain activities.
10. REMEMBER PAIN IS THE 5TH VITAL SIGN.

Nursing responsibilities for Pain Management
1. The RN performs a complete pain assessment on admission and Daily.
2. A licensed nurse collects data regarding the pain routinely with vital signs as indicated by unit policy and as patient's condition warrants. Pain data is documented with each assessment and after each intervention.
3. Involve the patient in their pain management whenever possible and incorporate plan of care into nursing progress notes for effective pain management.
4. Utilize white board as a communication tool to other caregivers as well as the patient for pain goals and when medication may be given.
5. Anticipate needs, involve patient and coordinate timing for pain medication prior to tests or activities that may provoke pain.
6. Utilize non-pharmacologic methods for comfort management as needed.
7. Follow up with physician if pain medication is not effective.
8. Act as a patient advocate by anticipating pain management needs.
9. Utilize appropriate pain assessment tools.
   a. Wong-Baker Faces of pain (numeric scale/alert oriented) - Ages 8 to Adult
   b. FLACC Scale (pain behavior assessment tool) - Age 3 months to 8 years or confused/nonverbal patients
10. Reassess for response to interventions and document within appropriate time frames.
<table>
<thead>
<tr>
<th>Emergency Hotline</th>
<th>Code Blue</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Dial 7</td>
<td>• Event: Cardiopulmonary Arrest (Adult)</td>
</tr>
<tr>
<td>• For Any Event Requiring Immediate Action</td>
<td>• Action:</td>
</tr>
<tr>
<td>• Examples:</td>
<td>- Call for help &amp; begin CPR</td>
</tr>
<tr>
<td></td>
<td>- Dial 7 (Give Unit and Room Number)</td>
</tr>
<tr>
<td>- Discovering a Fire</td>
<td>- Code team responds to arrest</td>
</tr>
<tr>
<td>- Receiving a Bomb Threat</td>
<td></td>
</tr>
<tr>
<td>- Infant Abduction</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code Pink</th>
<th>Code White</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Event: Suspected Infant Abduction</td>
<td>• Event: PEDIATRIC medical emergency or cardiopulmonary arrest</td>
</tr>
<tr>
<td>• Action:</td>
<td>• Action:</td>
</tr>
<tr>
<td></td>
<td>- Call for help and begin CPR</td>
</tr>
<tr>
<td></td>
<td>- Dial 7- give location</td>
</tr>
<tr>
<td></td>
<td>- Code team with PALS nurse responds</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code Purple</th>
<th>Code Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Event: Child Abduction from Anywhere in the Facility</td>
<td>• Event: Fire</td>
</tr>
<tr>
<td>• Action:</td>
<td>• Action:</td>
</tr>
<tr>
<td></td>
<td>- R.A.C.E.</td>
</tr>
<tr>
<td></td>
<td>- P.A.S.S.</td>
</tr>
<tr>
<td></td>
<td>- If Member of Designated Fire Response Team, Report to Area of Event and Perform Assigned Duties</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code Yellow</th>
<th>Code Gray</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Event: Bomb Threat</td>
<td>• Event: Disruptive Person</td>
</tr>
<tr>
<td>• Action:</td>
<td>• Action:</td>
</tr>
<tr>
<td></td>
<td>- All trained personnel report to Event Location</td>
</tr>
<tr>
<td></td>
<td>- Utilize non-violent crisis intervention behavior</td>
</tr>
<tr>
<td></td>
<td>- Techniques to de-escalate situation</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- If Bomb Threat, keep caller on line & obtain as much information as possible.

- Location, Device Type, Time
- Identity of caller (name, gender, age, account, consecutive, etc.)
- Dial 7 - Inform PD
- Notify administration/home improvement immediately.
- Complete call log.
- Upon page of Code Yellow:
  - Future occurrences exist.
  - Indicate location or available phone line.
  - Implement search procedure.
  - Report unusual events 213-893-3333.
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Event: immediate response by appropriate personnel.</td>
<td>Event: immediate response by appropriate personnel.</td>
</tr>
<tr>
<td>Action: immediate response by appropriate personnel</td>
<td>Action: immediate response by appropriate personnel</td>
</tr>
</tbody>
</table>
# LAMC Emergency Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
<th>Event</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code Silver</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weapon or Hostage Situation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dial 911; notify security &amp; engineering</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>All remain in “protect and cover” mode until clear</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
<th>Event</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code Orange</strong></td>
<td></td>
<td>Hazard Material Spill</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Immediately request assistance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Isolate the spill area</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Do all necessary PPE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Know the location of appropriate MSDS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Follow procedure in the Safety Manual</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Complete Spill Initial Incident Report</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
<th>Event</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code Triage Internal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Code Triage External</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Actual Disaster has Occurred</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Internal/External/Civil) and Victims Arriving Imminently</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Activate Disaster Plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
<th>Event</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code 59</strong></td>
<td></td>
<td>acute MI</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Immediate response by appropriate personnel</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
<th>Event</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code Rapid Response</strong></td>
<td></td>
<td>Unstable patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Immediate response by appropriate personnel</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
<th>Event</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code Stroke</strong></td>
<td></td>
<td>acute stroke</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Immediate response by appropriate personnel</td>
<td></td>
</tr>
</tbody>
</table>

**FAST**

- F - Facial drooping
- A - Arm weakness
- S - Slurred speech
- T - Time sensitive

Signs of stroke requiring immediate medical attention

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
<th>Event</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code 44</strong></td>
<td></td>
<td>Full arrest coming into ED by EMTs/ambulance</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
<th>Event</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code Cerner/Pharmacy all clear</strong></td>
<td></td>
<td></td>
<td>Down time complete, may start electronic charting</td>
</tr>
</tbody>
</table>
Earthquake Preparedness

Be prepared! Know what to do during and after an earthquake:

During the shaking
- If you are inside a building stay there. Advise coworkers, patients and visitors to do the same.
- Watch for falling objects such as light fixtures or pieces of ceiling. Get under a strong table, counter or desk. Use caution in doorways as doors may close during shaking and injure you. For patients who are bed-bound and able to do so, instruct them ahead of time to cover their head with blankets, pillows, or washbasin if handy.
- If you are outside stay there. Advise coworkers, patients and visitors to do the same.
- Get away from power lines and buildings. Many injuries are caused by pieces of glass and concrete falling from buildings.
- Immediately after the shaking stops proceed carefully. In many hospital settings floors will be covered with broken glass or spilled chemicals.

After the shaking
- Find out if anyone is hurt and give first aid or get help.
- Check for people who might be trapped in patient rooms, nursing stations and other spaces.
- Check for fires. Put them out or call for assistance.
- Check for potential chemical hazards, gas leaks or broken water lines. If you smell gas, contact engineering immediately. Open all windows and doors and ask Hospital Operator to call the gas company. Remove all patients and staff from area.
- Check to see if the power is on.
- Patients with life support systems may need emergency attention. Make it a habit to plug all emergency equipment into red wall outlets (even when an emergency is not happening).
- All staff members need to remain calm and help to calm patients and visitors. Inform them to stay in their rooms if it is safe.

Security

Security is everyone's concern. Three ways to promote safety/security in the hospital:
1. Report any unsafe or unusual activities.
2. Always wear your employee ID badge.
3. Educate yourself and stay current on safety requirements for your job.

Armed Assailant Policy — Code Silver response with an armed individual that poses an immediate threat to personnel or patients.
1. Evacuate the immediate area if safe to do so
2. Shelter in Place (lock down) if unable to evacuate