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
Regulations for Nursing Students

1. Students must wear professional attire at all times (no jeans, t-shirts, tank tops, or sandals). Students may come in the day/night before your clinical shift to research patient(s), if permitted by the RN school. However, professional attire must be worn and the student's badge must be present and visible at all times. Please note, students may not come in on a day/night to research patients if the RN school is not in session (due to holiday, etc.)

2. All invasive procedures must be overserved by the RN instructor or the patient’s primary care nurse.

3. Students are not permitted to pass meds in the absence of their instructor or the patient’s primary care RN. The RN instructor or primary care RN must be present, no exceptions.

4. As a courtesy, we ask that students do not congregate at the nurses’ station or physician computer areas. Only computers not in use by the physicians can be used by students.

5. Remember to exit out of the computer when finished documenting.

6. Staff break rooms are small, and students may be asked to refrain from using them. However, the units have refrigerators that students may use to store their food in (please label all containers).
Healthy Healing

Our dedication to Healthy Healing is deeply rooted in our Mission and Values:
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
# 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:</td>
<td></td>
</tr>
<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>Includes: 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>1. A wound or injury by a firearm (self-inflicted or by another person) or</td>
<td></td>
</tr>
<tr>
<td>Applies to: minors under age 18</td>
<td>Applies to: 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>2. A wound or injury resulting from assaultive or abusive conduct (as defined by Penal Code 11166(d))</td>
<td></td>
</tr>
<tr>
<td>Note: reporting of a minor's sexual activity varies with age and circumstances</td>
<td></td>
<td>Includes: murder, mayhem, assault, rape, battery, abuse of spouse or cohabitant and additional offenses as defined by Penal Code 11166(d)</td>
<td></td>
</tr>
</tbody>
</table>

## To Whom to Report

- Local law enforcement, designated county probation department or county welfare department
- **Child protective services**

## Time Frame

- 1. Immediate telephone report
- 2. Follow up with written report by mail, fax or email within 36 hours

## Required Form

- "Suspected Child Abuse Report," Department of Justice, Form SS 5872. Obtain from local social services or child protective services agency or download at www.ccfmc.org
- "Report of Suspected Dependent Adult/Elder Abuse," California Department of Social Services, Form SOC 341, download at www.ccfmc.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.ccfmc.org.


1215 K Street, Suite 800 • Sacramento, CA 95814 • (916) 443-7401 • www.calhospital.org
Patient Privacy - Verbal Disclosures

What constitutes Protected Health Information?
The HIPAA Privacy Rule protects all health information and individually identifiable information of a patient whether electronic, written or verbal form.

Disclosures to Family, Friends and Others
The Privacy Rule (45 C.F.R. § 164.510(b) does not require a Health Care Provider to share information with family, or friends, unless they are the patient’s personal representative.

The Privacy Rule does permit Providers to share a patient’s information with a patient’s family or friends under certain circumstances:

- Patient is present and able to make health care decisions, the Provider may disclose to Family, Friend, or Other Persons if:
  1. Obtain the patient’s agreement
  2. Give patient an opportunity to object and patient does not object.
  3. Decides from circumstances, based on professional judgment that the patient does not object, and have verified that the patient has not previously placed a restriction on disclosing their health information.

- Patient is incapacitated or is not present*, the Provider may disclose to:
  - Family or Friend if: based on professional judgment the disclosure is in the best interest of the patient or it could be inferred that the patient would not object.
  - Other Person if: reasonably sure that the patient has involved the person in the patient’s care and in his or her professional judgment the Provider believes the disclosure to be in the best interest of the patient.

* A Provider is not required under HIPAA to share a patient’s information when the patient is not present or is incapacitated. The Provider can choose to wait until the patient has an opportunity to agree to the disclosure.

Minimum Necessary
A key safeguard to the Privacy Rule, this is defined as only sharing, viewing or accessing only what is enough information to accomplish the intended purpose of job duties.

Guidelines for safeguarding inadvertent verbal disclosures:
- Avoid using patient names in hallways, elevators, and other public places.
- Speaking quietly when speaking with the patient or family (if authorized) about the patient.
- Ensure the patient has agreed to the verbal disclosure prior to sharing with or in front of family, friends or other persons.

In Summary:
Do not verbally share information about a patient with anyone (co-worker, physician, outside of work) unless it is for work purposes only. If sharing that information is for work purposes, then only the minimum necessary is to be shared for the purpose of carrying out job duties.

If you have any privacy questions, you may contact your local hospital Privacy Incident Response Team (PIRT) for Los Alamitos Medical Center: Kimberly Bartley, HIMD; Dawn Monson, DRA; Gisela DaCosta, P.A. Dir.; Cathy Turner, Safety Officer; Noel Nixon, I.S. Dir.; and Mark Fisher, CHRO; or contact your Region Privacy Officer, Denise Hyatt at Denise.Hyatt@lenethealth.com or (602) 674-6851.
Patient Privacy - Paper Disclosures

In a recent review of privacy related concerns from 2015-2017, one of our hospital's most common trends is our patients receiving paperwork (Discharge Instructions, Belongings Form, Medication list, Test Results, etc.) of another patient. When this error occurs, it is considered a violation of patient privacy rights, and the potential ramifications listed below:

- Notifying CDPH and the affected patient(s), and possible financial penalties.
- Notifying the Office of Civil Rights (OCR) with fines applied for repeated violations. These fines can and have been applied to organizations and individuals.
- Patient safety (i.e. side effects to wrong meds, treated for wrong condition).
- Reputational risk to the hospital because of dissatisfaction by the patients involved in the inappropriate disclosure.
- Potential civil liability.
- Patients utilizing the breach in an attempt to extort the facility.

Upon discovery that a patient received another patient's documents, what do I do next?

- Same day - notify your supervisor who will notify a Privacy Incident Response Team (PIRT) Member.
- Retrieval of the incorrect documents from the patient by working with the PIRT. **DO NOT** ask the person to shred.
- Provide correct documents to the patient, if necessary.
- Ensure the other patient received their correct documents.

Guidelines for safeguarding inadvertent paper disclosures to the wrong party:

- Because several employees and physicians print to the same printer where pages could get intermixed, we must verify EVERY PAGE as accurate for the correct patient EVERY TIME prior to releasing the documents.
- Verify the patient label is for the correct patient on EVERY PAGE prior to releasing the documents.
- Verification of the correct patient to release the documents by using two patient identifiers prior to releasing documents.
- Do not leave paper documents containing patient information unattended within reach of any unauthorized recipient (employees, visitors, patients, vendors, etc.)

If you have any privacy questions, you may contact your local hospital Privacy Incident Response Team (PIRT) for Los Alamitos Medical Center: Kimberly Bartley, HIMD; Dawn Monson, DRA; Gisela Dacosta, P.A. Dir.; Cathy Turner, Safety Officer; Noel Nixon, I.S. Dir.; and Mark Fisher, CHRO; or contact your Region Privacy Officer, Denise Hyatt at Denise.Hyatt@tenethealth.com or (602) 674.6851. All contact information can be found in Outlook.
Update: Texting Orders

In 2011, The Joint Commission published a Frequently Asked Question (FAQ) document stating that it is not acceptable for physicians or licensed independent practitioners to text orders for patient care, treatment, or services to the hospital or other health care settings. Sending orders via text messaging was prohibited due to concerns about using personal mobile devices to send insecure text messages between providers. In addition, texting applications were unable to verify the identity of the person sending the text or to retain the original message as validation of the information entered into the medical record. At the time, the technology available could not provide the safety and security necessary to adequately support the use of text messaging for orders.

As technology has evolved, however, the number of secure text messaging platforms has increased. The Joint Commission recently conducted research to better understand the capabilities of current texting platforms and has concluded that these platforms now offer the functionality to address the concerns outlined in the 2011 FAQ. Therefore, effective immediately, The Joint Commission has revised its position on the transmission of orders for care, treatment, and services via text messaging for all accreditation programs. Licensed independent practitioners or other practitioners in accordance with professional standards of practice, law and regulation, and policies and procedures may text orders as long as a secure text messaging platform is used and the required components of an order are included.

Health care organizations may allow orders to be transmitted through text messaging provided that a secure text messaging platform is implemented that includes the following:

- Secure sign-on process
- Encrypted messaging
- Delivery and read receipts
- Date and time stamp
- Customized message retention time frames
- Specified contact list for individuals authorized to receive and record orders

Organizations allowing text orders are expected to comply with Medication Management (MM) Standard MM.04.01.01, which addresses the required elements of a complete medication order and actions to take when orders are incomplete or unclear. Policies and procedures for text orders should specify how orders transmitted via text messaging will be dated, timed, confirmed, and authenticated by the ordering practitioner. Additionally, organizations need to consider how text orders will be documented in the patient’s medical record (that is, does the secure text messaging platform integrate directly with the electronic health record? Or will the texted order be entered manually?). The Joint Commission requirements addressing verbal orders (Provision of Care, Treatment, and Services [PC] Standard PC.02.01.03 and Record of Care, Treatment, and Services [RC] Standard RC.02.03.07) outline several issues that may be adapted into the policies and procedures for text orders.

Licensed independent practitioners or other practitioners in accordance with professional standards of practice, law and regulation, and policies and procedures may text orders as long as a secure text messaging platform is used and the required components of an order are included.

Staff are currently assessing the need to further delineate the expectations for secure text messaging platforms and policies and procedures for texted orders within the accreditation standards. In the interim, health care organizations that allow text orders are advised to do the following:

- Develop an attestation documenting the capabilities of their secure text messaging platform
- Define when text orders are or are not appropriate
- Monitor how frequently texting is used for orders
- Assess compliance with texting policies and procedures
- Develop a risk-management strategy and perform a risk assessment
- Conduct training for staff, licensed independent practitioners, and other practitioners on applicable policies and procedures

Resources are available from the Office of the National Coordinator for Health Information Technology (ONC) to assist health care organizations with the use of mobile devices. One resource provides information on mobile devices and health information privacy and security at https://www.healthit.gov/providers-professionals/your-mobile-device-and-health-information-privacy-and-security. Another ONC resource focuses on managing mobile devices used in health care at https://www.healthit.gov/providers-professionals/five-steps-organizations-can-take-manage-mobile-devices-safe-health-care-pro.

For more information, please contact Christina Cordaro, PhD, MPH, project director, Department of Standards and Survey Methods, The Joint Commission, at coordro@jointcommission.org.
<table>
<thead>
<tr>
<th>Language</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arabic</td>
<td>من حقك الوصول إلى مترجم بدون تكلفة عليك، من فضلك اختر لغتك.</td>
</tr>
<tr>
<td>Haitian Creole</td>
<td>Ou gen dwa a yon entèprèt san li pa kouté w anyen. Tanpri chwazi lang ou pale a.</td>
</tr>
<tr>
<td>Punjabi</td>
<td>ਬ੍ਰਤੀਕਾ ਦੇ ਬੇਠਕ ਬਿਚਾ ਬਿਚ ਭਾਸ਼ਾ ਦੇ ਬਿਚ ਟਿੱਪਣੀਕਾ ਦੀਆਂ ਮੇਲਤੇ ਦੋ ਦੋ ਉੱਤਰ ਹੈ। ਬਿਨਾਂ ਵਲੋਂ ਅਪਨੀ ਜ਼ਮਾ ਚੁੱਕੇ।</td>
</tr>
<tr>
<td>Burmese</td>
<td>အင်ဒရိုး ကို အခြေခံ၍ သင်ရဲ့ ရယ်လိုသော ဘာသာကို ရှာဖွေပါ။ ပထမဦးစွာ သင်ရဲ့ ဘာသာကို ရှာဖွေပါ။</td>
</tr>
<tr>
<td>Hmong</td>
<td>Yog køj tsis paub lus Askiv, peb mam ndrhiab ib tus kws tshais lus los pab køj dawb.</td>
</tr>
<tr>
<td>Russian</td>
<td>Вы имеете право на бесплатные услуги переводчика. Пожалуйста, просим Вас указать на Ваш язык.</td>
</tr>
<tr>
<td>Somali</td>
<td>Waxaad xaq u leedahay inaad heshid tuumaana aan lacag kuugu fadhin. Fadlan tilmaan luqaddaada.</td>
</tr>
<tr>
<td>Spanish</td>
<td>Usted tiene derecho a un intérprete sin costo alguno. Por favor, señale su idioma.</td>
</tr>
<tr>
<td>Somali</td>
<td>Af Soomaali</td>
</tr>
<tr>
<td>Chinese Cantonese</td>
<td>您有權利獲得一位免費的口譯人員。請指出您的語言。</td>
</tr>
<tr>
<td>Chinese Mandarin</td>
<td>您有权利获得一位免费的口译人员。请指出您的语言。</td>
</tr>
<tr>
<td>Nepali</td>
<td>बिना शुल्क तपाईलाई दोभाषीको अधिकार छ। कृपया आपनो भाषालाई संकेत गर्नुहोस्।</td>
</tr>
<tr>
<td>Polish</td>
<td>Masz prawo na nieodpłatnego tłumacza. Proszę wskazać język, w którym rozmawiasz.</td>
</tr>
<tr>
<td>Swahili</td>
<td>Una haki kwa mtafsiri bila malipo yoyote. Tafadhali onyesha lugha yako.</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>Quy vị có quyền yêu cầu dịch vụ miễn phí hoàn toàn miễn phí. Vui lòng chọn ngữ ngữ của quý vị.</td>
</tr>
<tr>
<td>Farsi</td>
<td>شما از این حق برخوردار هستید که بدون هزینه از خدمات متراکم شفاهی بهره می‌برید. لطفاً به زبان مورد نظر خود اشاره کنید.</td>
</tr>
<tr>
<td>Portuguese (Brazil)</td>
<td>Você tem direito a um intérprete sem nenhum custo para você. Por favor indique seu idioma.</td>
</tr>
<tr>
<td>Swahili</td>
<td>Kiswahili</td>
</tr>
<tr>
<td>French</td>
<td>Vous avez droit aux services gratuits d'un interprète. Veuillez préciser la langue que vous parlez.</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>Tiếng Việt</td>
</tr>
</tbody>
</table>
Instructions for Over the Phone Language Interpretation provided by Wavetech Industries

- Plug in dual handset phone in patient room into the bedside phone jack
- Lift the left handset to get dial tone
- Press the speed dial button labeled Language Services or dial 888-338-5533
- Give the operator your account code: PT277
- The operator will then ask for:
  - Your name
  - The phone number you are calling from
  - The department you are calling from
  - The language needed
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.
ADVANCE DIRECTIVES FOR HEALTHCARE

Los Alamitos Medical Center (LAMC) supports a patient’s right to participate in healthcare decision making. Through education and inquiry about advance directive, LAMC will encourage patients to communicate their healthcare preferences and values to others. Such communication will guide others in healthcare decision making for the patient if the patient is incapacitated. A DNR (Do Not Resuscitate) requires a physician order. The current method is that the physician will enter a computer order and nursing will transcribe order onto pink form.

As part of the admission process, the patient or significant other is provided with information regarding the patient’s rights to make decisions concerning health care. The information given to the patient or significant other includes the statement that LAMC has formal policies in place to ensure that his/her wishes regarding treatment will be followed and that these policies are available to them upon request.

The person who documents a patient’s admission will ask the patient, or significant other, whether he/she has completed an advance directive. If an advance directive has been completed, the person who documents the patient’s admission will ask for a copy of the advance directive so that it may be placed in the patient’s medical record. If a copy of the advance directive is not immediately available, the patient will be informed that it is his or her responsibility to provide a valid copy of the advance directive to LAMC as soon as possible. When a copy is received, it is placed in the patient’s medical record. An Advance Directive sticker is placed on the front of the patient’s chart to communicate its presence to all health care providers, and a stamp is placed in the physician progress notes to communicate the directive to the physician.

A patient, who needs more information regarding advance directive decision making, shall be referred to Social Services.

Patient Self-Determination Act (1990) - P.S.D.A.

Federal Law that requires that hospitals participating in the Medicare or Medi-Cal Programs provide information regarding the right, under state law, to formulate advanced directives concerning healthcare decisions to all adult (and emancipated minor) inpatients.

The hospital is required to ask all adult inpatients about the potential presence of an advance directive. If the advance directive is present it is required that a copy be placed in the patient’s medical record. If the document is not present, attempts must be made to obtain the document.

All patients receive a booklet entitled “Your Right To Make Decisions About Medical Treatment”

Some Definitions

Advance health care directive- Documents that state your choices about medical treatment or name someone to make decisions about you medical treatment, if you are unable to make these decisions or choices yourself.

Agent- Individual designated in a power of attorney for health care to make a health care decision for the patient.

Conservator- A court appointed conservator having authority to make a health care decision for a patient.

Two Types of Advance Directive recognized in California State Law

Power of Attorney for Health Care - Written instrument designating an agent to make health care decisions for the principal (the patient).

Living Wills – Document that usually provides specific directives about the course of treatment that is to be followed by health care providers and caregivers.
End of Life

~Care Related to Death and Dying~

As healthcare providers we need to examine:
The physical, psychosocial, and spiritual needs of the patient.
The physical, psychosocial, and spiritual needs of his/her family.
Ways to enhance care delivered at this crucial time.

Physical Care includes:
- Pain Management
- GI Symptom Management
- Respiratory Symptom Management
- Maintaining Skin Integrity

Psychosocial Care includes:
- Discussing wishes, concerns, and/or needs with BOTH patient and family.
- Providing open, honest communication
- Conveying caring, sensitivity, compassion
- Providing information in simple, concise terms
- Maintaining a presence (can be more important than words)
- Sitting at patient's bedside
- Silence
- Active listening

Spiritual Care includes:
- Being respectful, open to beliefs and practices that differ from your own
- Exploring the meaning of patient's illness with patient and/or family
- Discussing religious preferences/practices
- Discussing effect of impending death with patient and/or family
- Involving pastoral care
- Offering to show family a space within the hospital that they can have privacy
- Allowing patient and/or family to convey feelings

Pastoral Services at LAMC
- Please refer to handout on Pastoral Care in the packet.
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.

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 important terms you should know:

- Sentinel Events: These are unexpected events that result in the death 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 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.
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.
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-pharmalogic 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.
WORK SMART

Body Mechanics and Office Ergonomics

Introduction:

Working in the modern health care environment can be a physically demanding job. Health care workers perform a variety of movements, including standing, sitting, reaching, bending, turning, lifting, pushing and pulling. Some jobs require repetitive motion such as keyboarding and using the mouse on the computer.

In any job function it is important to "work smart".

Injuries can be avoided by using good posture and maintaining your physical condition through regular physical activities to maintain your flexibility and strength. The following information is provided as a foundation for safety and comfort over time in the performance of your job duties at Los Alamitos Medical Center. Any concerns about your work place should always be reported to your supervisor and/or safety officer.

1) Poor Posture

The upper body is supported by the spine, which in turn is supported by the pelvis.

When you lean forward, your lower back supports up to 2/3 of your body’s weight:

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head and neck</td>
<td>9%</td>
</tr>
<tr>
<td>Arms</td>
<td>11%</td>
</tr>
<tr>
<td>Trunk</td>
<td>46%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>66%</strong></td>
</tr>
</tbody>
</table>
Certain extreme movements (bending and twisting together) are extremely hard on the back, for instance bending over and turning to one side.

These two types of movements can result in BACK INJURY in the short or long term (repetitive strain injury).

**DISTANCE INCREASES STRESS ON THE BACK**

- Common sense dictates that it is very hard on your back to work while holding something at arm’s length, especially when carrying a heavy load.

- The farther you hold the load from the pivot point (lower back), the longer the lever arm.

- When you bend forward, the pressure on your spinal disks (lower back) is approximately 10 times greater than the load being lifted.

- Hold the load as close as possible to your chest (reduce the length of the lever) to reduce stress on your back, particularly your lower back.
BACK SAFETY

Lifting

When lifting an object, it is important that the weight being moved or lifted is as close to the body's center of gravity as possible. The closer to the body's center of gravity the additional weight is, the more apt the additional weight is to be evenly distributed. The most frequent error made while lifting is that of bending over the weight. The act of bending over eliminates the lumbar curve, encourages the chin to be lowered and the shoulders rolled forward during the lift. This causes the body weight (2/3 of it) plus the additional weight of the load to be concentrated on the back.

![Right](image1)

Wrong

Another principle to keep in mind when lifting is that the closer the weight is to your body, the less effort you must exert to lift the weight. For example, if you lift and carry 10 pounds away from your body, you are exerting 100 pounds of pressure on your lower back. However, if you lift and carry the 10 pounds close to your body, you are exerting only 10 pounds of pressure on your lower back.

![Right](image2)

Wrong
Rules for Safe Lifting

People often injure or re-injure their backs by lifting heavy objects improperly. These nine rules will teach you the proper way to lift and decrease your chances of back injury.

1. Look at the load. Size it up. Can you lift it by yourself, or do you need help?

2. Hold the load close to your body. Do not lift with outstretched arms. It increases the stress on your back.

   Right

   Wrong

3. Keep your feet spread apart to give you a good base of support for lifting.

   Right

   Wrong
4. Keep your back straight. Bend your hips and knees to lower your body to the object.

5. Always come to standing with your head and shoulders first, as you straighten your legs to lift. Always maintain the inward curve of your lower back while lifting.

6. Do not twist while lifting. If you must turn, pivot and then set down the load.
7. Anytime you can, roll or scoot a heavy object. Do not lift a heavy load unless necessary.

8. Do not lift a heavy object over your head. Use a stepladder or stool.

9. If someone is helping you with the lift, work together. Count to three before lifting.

Following these rules for lifting keeps your body in good alignment as you lift. This protects your back.
"What do you mean I'm not using proper body mechanics!"

BACK CARE TIPS

➢ Change position often while at work or at home – get up every 30 minutes.

➢ Avoid stools and benches without backs.

➢ Eat properly and keep your weight down.

➢ Sit in a well-fitting chair with feet on the floor and thighs parallel to each other.

➢ Used a rolled towel if your chair does not support the normal curvature of your lower back.

➢ Lift properly. Use bent legs and keep back straight. Do not twist your trunk.

➢ Plan ahead. Clear your path before you start.

➢ Avoid the forward stooping position. Work levels should allow for this. When standing for a prolonged period, lift one foot onto a stool.

➢ During your break – don’t sit!

➢ Allow yourself to get enough rest at night – 6-8 hours.

➢ Avoid sudden maximal physical effort when you are out of shape.

➢ Choose a recreational activity and do it 2 or 3 times a week for 30 minutes.

➢ Do abdominal strengthening exercises 6 days a week. This will help to support your spine during lifting and promote good posture.

➢ Practice stress reduction techniques such as relaxation, deep breathing, imagery, and yoga.

➢ Do back extensions 4-5 times after sitting and before lifting.

➢ Push, don’t pull. If you have to pull make sure you tighten your stomach muscles and use proper posture.

➢ Use handles and lifting straps.

➢ Get help if object is too heavy or too awkward.

➢ Reduce the weight lifted. Put items into several small boxes instead of one big box.
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.

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.
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)

Step 1

Step 2

Step 3

Step 4
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
# 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 healthcare safety and how to solve them.

## Identify patients correctly

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.01.01.01</td>
<td>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.</td>
</tr>
<tr>
<td>NPSG.01.03.01</td>
<td>Make sure that the correct patient gets the correct blood when they get a blood transfusion.</td>
</tr>
</tbody>
</table>

## Improve staff communication

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.02.03.01</td>
<td>Get important test results to the right staff person on time.</td>
</tr>
</tbody>
</table>

## Use medicines safely

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.03.04.01</td>
<td>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.</td>
</tr>
<tr>
<td>NPSG.03.05.01</td>
<td>Take extra care with patients who take medicines to thin their blood.</td>
</tr>
<tr>
<td>NPSG.03.06.01</td>
<td>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.</td>
</tr>
</tbody>
</table>

## Use alarms safely

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.06.01.01</td>
<td>Make improvements to ensure that alarms on medical equipment are heard and responded to on time.</td>
</tr>
</tbody>
</table>

## Prevent infection

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.07.01.01</td>
<td>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.</td>
</tr>
<tr>
<td>NPSG.07.03.01</td>
<td>Use proven guidelines to prevent infections that are difficult to treat.</td>
</tr>
<tr>
<td>NPSG.07.04.01</td>
<td>Use proven guidelines to prevent infection of the blood from central lines.</td>
</tr>
<tr>
<td>NPSG.07.05.01</td>
<td>Use proven guidelines to prevent infection after surgery.</td>
</tr>
<tr>
<td>NPSG.07.06.01</td>
<td>Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.</td>
</tr>
</tbody>
</table>

## Identify patient safety risks

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.15.01.01</td>
<td>Find out which patients are at risk for suicide.</td>
</tr>
</tbody>
</table>

## Prevent mistakes in surgery

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>UP.01.01.01</td>
<td>Make sure that the correct surgery is done on the correct patient and at the correct place on the patient’s body.</td>
</tr>
<tr>
<td>UP.01.02.01</td>
<td>Mark the correct place on the patient’s body where the surgery is to be done.</td>
</tr>
<tr>
<td>UP.01.03.01</td>
<td>Pause before the surgery to make sure that a mistake is not being made.</td>
</tr>
</tbody>
</table>

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.
8 Tips for High-quality Hand-offs

All caregivers can make high-quality hand-offs. Here's how.

01
Determine the critical information that needs to be communicated face to face and in writing. Cover everything needed to safely care for the patient in a timely fashion.

02
Standardize tools and methods used to communicate to receivers. These can be forms, templates, checklists, protocols, and mnemonics such as PIASS (Patient summary, Action list, Situation awareness and contingency plans, and Synthesis by receiver).

03
Don’t rely solely on electronic or paper communications to hand-off the patient. If face-to-face communication is not possible, communicate by telephone or video conference. This allows you the time and opportunity to ask questions.

04
If information is coming from many sources, combine and communicate it all at one time, rather than communicating the information separately.

05
Make sure the receiver gets the following minimum information:
- Sensing contact information
- Illness assessment, including severity
- Patient summary including events leading up to illness or admission, hospital course, ongoing assessment, and plan of care
- Labs and tests
- Contingency plans
- Allergy list
- Code status
- Medication list
- Dated laboratory tests
- Dated vital signs

06
When conducting hand-offs or sign-outs, do them face to face in a designated location that is free from non-emergency interruptions, such as a “zone of silence.”

07
When conducting a hand-off, include all team members and, if appropriate, the patient and family. This time can be used to consult, discuss, and ask and answer questions. Remember not to rely only on patients or family members to communicate vital information on their own to receivers.

08
Use electronic health records (EHRs) and other technologies (such as apps, patient portals, telehealth) to enhance hand-offs between senders and receivers—don’t rely on them on their own.

What is a hand-off?
A hand-off is a transfer and acceptance of patient care responsibility achieved through effective communication. It is a real-time process of passing patient-specific information from one caregiver to another or from one team of caregivers to another for the purpose of ensuring the continuity and safety of the patient’s care.
Recommendation - What needs to happen next
Assessment - Summarize facts; What is going on
Background - Briefly state pertinent history
Situation - Briefly describe the current situation
Condition - Condition.
Communication among caregivers about a patient’s condition and recent or anticipated changes/needs.
The patient’s care, treatment and services; current care team that provides accurate information about communication between members of the healthcare Human-Off Communication: Interactive Patient Safety Message
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

Listening, Caring, Connecting.
Quiet Time
From 2:00 PM to 4:00 PM daily

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 Admission Screening: Discharged from acute care facility in the past 30 days</td>
<td>Screen procedure: Swab both nares with the double swab culturette. Insert double swab into each nostril 1&quot; from edge of nares or until resistance is met. Roll swabs 5 times. Repeat in other nostril using same swabs. Microbiology lab calls positive MRSA screen/culture results to nurses’ station. Implement MRSA decolonization protocol for patients who meet criteria.</td>
<td>Place MRSA infected patients (culture positive/symptomatic) in CONTACT Precautions (GREEN SIGN). Infected patients remain in CONTACT Precautions for the duration of the hospitalization. Room should be terminally cleaned when patient is discharged.</td>
</tr>
<tr>
<td>Critical care admissions Inpatient dialysis patients Transfers from SNF/acute care facilities Inpatient surgery patients meeting above criteria</td>
<td>Implement standard precautions.</td>
<td>Implement CONTACT Precautions for patients with signs/symptoms of infection.</td>
</tr>
<tr>
<td>Past History of MRSA infection or positive nasal screen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past History of VRE* (Vancomycin-resistant Enterococci)</td>
<td>Place patient in CONTACT Precautions on admission if positive history within the last year.</td>
<td>Patient remains in CONTACT Precautions for the duration of the hospitalization.</td>
</tr>
<tr>
<td>C. difficile On admission, send specimen to lab for C. diff testing on all patients with loose stools or diarrhea.</td>
<td>Place patient in CONTACT Precautions (DROWN SIGN) immediately if C. diff infection is suspected. It is not necessary to isolate patients with a history of C. diff unless they have diarrhea.</td>
<td>Patient remains in CONTACT Precautions for the entire admission. Wash hands with soap and water for 15-20 seconds following patient contact. Disinfect equipment with bleach wipes.</td>
</tr>
<tr>
<td>All other MDROs* ESBL** VRE CRE*** Other resistant organisms ID’d by lab (e.g. Acinetobacter, Pseudomonas)</td>
<td>Microbiology lab calls all positive MRDO results to nurses’ station as soon as available. Place patient in CONTACT Precautions when positive culture results received.</td>
<td>Patient remains in CONTACT Precautions for the duration of the admission. Room should be terminally cleaned when patient is discharged.</td>
</tr>
<tr>
<td>Rule cut or confirmed TB: MD orders sputum for AFB every 8 hours X 3 Send request to RT to collect sputum specimens.</td>
<td>Immediately place patient in a negative pressure room (Rooms 127, 130, 162, 167, and 113) if TB suspected. (LIGHT BLUE SIGN) N95 respirator mask or PAPR required.</td>
<td>Patient remains in AIRBORNE Precautions until 3 AFB smears result negative and MD orders isolation discontinued or patient is discharged. Microbiology notifies nurses’ station of AFB smear results.</td>
</tr>
<tr>
<td>Shingles (Herpes Zoster) Disseminated shingles occurs in immune compromised pt with rash, similar to chickenpox</td>
<td>Place patient in AIRBORNE &amp; CONTACT Precautions for disseminated shingles. Standard Precautions for localized lesions (single dermatome).</td>
<td>Patient to remain in isolation for the duration of illness (disseminated shingles or chickenpox) HCP with immunity to chickenpox should provide care.</td>
</tr>
<tr>
<td>Scabies</td>
<td>Place patient in CONTACT Precautions. MD order for treatment.</td>
<td>CONTACT Precautions until 24 hours after initiation of therapy. 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 regular mask. N95 mask for aerosol generating procedures.</td>
<td>Patient to remain in DROPLET Precautions for 7 days or 24 hours after symptoms resolve; whichever is longest.</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 completion of 24hrs effective antibiotic therapy.</td>
</tr>
</tbody>
</table>

*MDRO = Multiple Drug Resistant Organism  **ESBL = Extended Spectrum Beta Lactamase (seen with E coli, K. pneumoniae, P. mirabilis); ***CRE = Carbapenem Resistant Enterobacteriaceae (includes K. pneumoniae); May cohort patients with same organism
Hand Hygiene: Why, How & When?

**WHY?**

- Thousands of people die every day around the world from infections acquired while receiving health care.

- Hands are the main pathways of germ transmission during health care.

- Hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections.

- This brochure explains how and when to practice hand hygiene.

**WHO?**

- Any health-care worker, caregiver or person involved in direct or indirect patient care needs to be concerned about hand hygiene and should be able to perform it correctly and at the right time.

**HOW?**

- Clean your hands by rubbing them with an alcohol-based formulation, as the preferred mean for routine hygienic hand antisepsis if hands are not visibly soiled. It is faster, more effective, and better tolerated by your hands than washing with soap and water.

- Wash your hands with soap and water when hands are visibly dirty or visibly soiled with blood or other body fluids or after using the toilet.

- If exposure to potential spore-forming pathogens is strongly suspected or proven, including outbreaks of *Clostridium difficile*, hand washing with soap and water is the preferred means.
HOW TO HAND RUB?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

1a Apply a palmful of the product in a cupped hand, covering all surfaces;

1b Rub hands palm to palm;

2

3 Right palm over left dorsum with interlaced fingers and vice versa;

4 Palm to palm with fingers interlaced;

5 Backs of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of left thumb clasped in right palm and vice versa;

7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8 Once dry, your hands are safe.
HOW TO HANDWASH?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDBRUB

Duration of the entire procedure: 40-60 seconds

0. Wet hands with water;

1. Apply enough soap to cover all hand surfaces;

2. Rub hands palm to palm;

3. Right palm over left dorsum with interlaced fingers and vice versa;

4. Palm to palm with fingers interlaced;

5. Backs of fingers to opposing palms with fingers interlocked;

6. Rotational rubbing of left thumb clasped in right palm and vice versa;

7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8. Rinse hands with water;

9. Dry hands thoroughly with a single use towel;

10. Use towel to turn off faucet;

11. Your hands are now safe.

Hand care

- Take care of your hands by regularly using a protective hand cream or lotion, at least daily.
- Do not routinely wash hands with soap and water immediately before or after using an alcohol-based handrub.
- Do not use hot water to rinse your hands.
- After handrubbing or handwashing, let your hands dry completely before putting on gloves.

Please remember

- Do not wear artificial fingernails or extenders when in direct contact with patients.
- Keep natural nails short.
WHEN?

YOUR 5 MOMENTS FOR HAND HYGIENE*

1. BEFORE TOUCHING A PATIENT

2. BEFORE CLEAN/ASEPTIC PROCEDURE

3. AFTER BODY FLUID EXPOSURE RISK

4. AFTER TOUCHING A PATIENT

5. AFTER TOUCHING PATIENT SURROUNDINGS

*NOTE: Hand hygiene must be performed in all indications described regardless of whether gloves are used or not.
1 Before touching a patient

**WHY?** To protect the patient against colonization and, in some cases, against exogenous infection, by harmful germs carried on your hands

**WHEN?** Clean your hands before touching a patient when approaching him/her*

**Situations when Moment 1 applies:**

a) Before shaking hands, before stroking a child’s forehead

b) Before assisting a patient in personal care activities: to move, to take a bath, to eat, to get dressed, etc

c) Before delivering care and other non-invasive treatment: applying oxygen mask, giving a massage

d) Before performing a physical non-invasive examination: taking pulse, blood pressure, chest auscultation, recording ECG

2 Before clean / aseptic procedure

**WHY?** To protect the patient against infection with harmful germs, including his/her own germs, entering his/her body

**WHEN?** Clean your hands immediately before accessing a critical site with infectious risk for the patient (e.g. a mucous membrane, non-intact skin, an invasive medical device)*

**Situations when Moment 2 applies:**

a) Before brushing the patient’s teeth, instilling eye drops, performing a digital vaginal or rectal examination, examining mouth, nose, ear with or without an instrument, inserting a suppository / pessary, suctioning mucous

b) Before dressing a wound with or without instrument, applying ointment on vesicle, making a percutaneous injection / puncture

c) Before inserting an invasive medical device (nasal cannula, nasogastric tube, endotracheal tube, urinary probe, percutaneous catheter, drainage), disrupting / opening any circuit of an invasive medical device (for food, medication, drainage, suctioning, monitoring purposes)

d) Before preparing food, medications, pharmaceutical products, sterile material

3 After body fluid exposure risk

**WHY?** To protect you from colonization or infection with patient’s harmful germs and to protect the health-care environment from germ spread

**WHEN?** Clean your hands as soon as the task involving an exposure risk to body fluids has ended (and after glove removal)*

**Situations when Moment 3 applies:**

a) When the contact with a mucous membrane and with non-intact skin ends

b) After a percutaneous injection or puncture; after inserting an invasive medical device (vascular access, catheter, tube, drain, etc); after disrupting and opening an invasive circuit

c) After removing an invasive medical device

d) After removing any form of material offering protection (napkin, dressing, gauze, sanitary towel, etc)

e) After handling a sample containing organic matter, after clearing excreta and any other body fluid, after cleaning any contaminated surface and soiled material (soiled bed linens, dentures, instruments, urinal, bedpan, lavatories, etc)

4 After touching a patient

**WHY?** To protect you from colonization with patient germs and to protect the health-care environment from germ spread

**WHEN?** Clean your hands when leaving the patient’s side, after having touched the patient *

**Situations when Moment 4 applies, if they correspond to the last contact with the patient before leaving him / her:**

a) After shaking hands, stroking a child’s forehead

b) After you have assisted the patient in personal care activities: to move, to bath, to eat, to dress, etc

c) After delivering care and other non-invasive treatment: changing bed linen as the patient is in, applying oxygen mask, giving a massage

d) After performing a physical non-invasive examination: taking pulse, blood pressure, chest auscultation, recording ECG

5 After touching patient surroundings

**WHY?** To protect you from colonization with patient germs that may be present on surfaces / objects in patient surroundings and to protect the health-care environment against germ spread

**WHEN?** Clean your hands after touching any object or furniture when living the patient surroundings, without having touched the patient*

This Moment 5 applies in the following situations if they correspond to the last contact with the patient surroundings, without having touched the patient:

a) After an activity involving physical contact with the patients immediate environment: changing bed linen with the patient out of the bed, holding a bed tray, clearing a bedside table

b) After a care activity: adjusting perfusion speed, clearing a monitoring alarm

c) After other contacts with surfaces or inanimate objects (note – ideally try to avoid these unnecessary activities): leaning against a bed, leaning against a night table / bedside table

*NOTE: Hand hygiene must be performed in all indications. disregard regardless of whether gloves are used or not.*
HAND HYGIENE AND MEDICAL GLOVE USE

- The use of gloves does not replace the need for cleaning your hands.
- Hand hygiene must be performed when appropriate regardless of the indications for glove use.
- Remove gloves to perform hand hygiene, when an indication occurs while wearing gloves.
- Discard gloves after each task and clean your hands – gloves may carry germs.
- Wear gloves only when indicated according to Standard and Contact Precautions (see examples in the pyramid below) – otherwise they become a major risk for germ transmission.

The Glove Pyramid – to aid decision making on when to wear (and not wear) gloves

Gloves must be worn according to STANDARD and CONTACT PRECAUTIONS. The pyramid details some clinical examples in which gloves are not indicated, and others in which clean or sterile gloves are indicated. Hand hygiene should be performed when appropriate regardless of indications for glove use.

STERILE GLOVES INDICATED

- Any surgical procedure;
- Vaginal delivery;
- Invasive radiological procedures;
- Performing vascular access and procedures (central lines);
- Preparing total parenteral nutrition and chemotherapeutic agents.

EXAMINATION GLOVES INDICATED IN CLINICAL SITUATIONS

Potential for touching blood, body fluids, secretions, excretions and items visibly soiled by body fluids.

DIRECT PATIENT EXPOSURE: Contact with blood; contact with mucous membrane and with non-intact skin; potential presence of highly infectious and dangerous organism; epidemic or emergency situations; IV insertion and removal; drawing blood; discontinuation of venous line; pelvic and vaginal examination; suctioning non-closed systems of endotracheal tubes.

INDIRECT PATIENT EXPOSURE: Emptying emesis basins; handling/cleaning instruments; handling waste; cleaning up spills of body fluids.

GLOVES NOT INDICATED (except for CONTACT precautions)

No potential for exposure to blood or body fluids, or contaminated environment

DIRECT PATIENT EXPOSURE: Taking blood pressure, temperature and pulse; performing SC and IM injections; bathing and dressing the patient; transporting patient; caring for eyes and ears (without secretions); any vascular line manipulation in absence of blood leakage.

INDIRECT PATIENT EXPOSURE: Using the telephone; writing in the patient chart; giving oral medications; distributing or collecting patient dietary trays; removing and replacing linen for patient bed; placing non-invasive ventilation equipment and oxygen cannula; moving patient furniture.
## Glossary

<table>
<thead>
<tr>
<th><strong>Alcohol-based formulation</strong></th>
<th>An alcohol-containing preparation (liquid, gel or foam) designed for application to the hands for hygienic hand antisepsis.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Body fluids</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Clean / aseptic procedure</strong></td>
<td>Any care activity that implies a direct or indirect contact with a mucous membrane, non-intact skin, an invasive medial device. During such a procedure no germs should be transmitted.</td>
</tr>
<tr>
<td><strong>Critical site</strong></td>
<td>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).</td>
</tr>
<tr>
<td><strong>Hand care</strong></td>
<td>Actions to prevent skin irritation.</td>
</tr>
<tr>
<td><strong>Hand hygiene</strong></td>
<td>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).</td>
</tr>
<tr>
<td><strong>Indication for hand hygiene</strong></td>
<td>Moment during health care when hand hygiene must be performed to prevent harmful germ transmission and/or infection.</td>
</tr>
<tr>
<td><strong>Invasive medical device</strong></td>
<td>Any medical device that enters the body either through a body opening or through a skin or mucous membrane breaking.</td>
</tr>
</tbody>
</table>
Cleaning the Workstation-On-Wheels (WOW)

- **Screen**: Clean with PDI Super Sani-Cloth at shift change and when visibly soiled.
- **Work Surface**: Clean with PDI Super Sani-Cloth at shift change and prior to med prep.
- **Keyboard, Mouse & Tray**: Clean with PDI Super Sani-Cloth at shift change and PRN contamination.
- **Other Surfaces**: Clean with PDI Super Sani-Cloth at shift change and PRN contamination.
- **Base and Wheels**: Clean with PDI Super Sani-Cloth daily and when visibly soiled.

**Patients in Isolation**

Clean entire WOW upon exiting patient's room.

Use the **bleach wipes** for patients with C. DIFF infection.
Infection Prevention is Everyone's Business

It Takes a Village to Prevent Infections

Why Do We Care About Preventing HAIs?
- Data released by the CDC in March 2014:
  - 1 in 25 patients (722,000) in the U.S. acquire HAIs each year
  - 75,000 patients who develop an HAI die during hospitalization
  - Pneumonia (22%), SSI (22%), CI (17%), UTI (13%), BS (10%)

Cost of Healthcare-Associated Infections
- 2014: The Direct Medical Costs of Healthcare-Associated Infections
  - $35.7 - $45 Billion Annually
Health and Human Services (CMS) 2020 Goals

<table>
<thead>
<tr>
<th>HHS HAI Goals: 2020 Healthy People</th>
<th>CLINICIAN</th>
<th>NURSE</th>
<th>CUDDLERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>1.0 (2006-2007)</td>
<td>1.0 (2006)</td>
<td>1.0 (2006-2007)</td>
</tr>
<tr>
<td>2013 Goal</td>
<td>0.56 SIR</td>
<td>0.82 SIR</td>
<td>0.96 SIR</td>
</tr>
<tr>
<td>2020 Target</td>
<td>0.56 SIR</td>
<td>0.77 SIR</td>
<td>0.70 SIR</td>
</tr>
<tr>
<td>Summary of the Progress</td>
<td>On track to meet target</td>
<td>Not on track to meet target</td>
<td>Not on track to meet target</td>
</tr>
</tbody>
</table>

The Chain of Infection

The EASIEST & MOST Effective Way to Prevent Infections

Why Must I Sanitize My Hands?

When to Wash with Soap and Water

- Before beginning and at the end of your shift
- Before eating
- After using the restroom
- When hands are visibly soiled
- After contact with suspected or confirmed C. diff patients and their environment
How to Wash with Soap and Water

1. Wet your hands with soap and water.
2. Rub hands together to form a lather.
3. Rub around your fingers under the nails.
4. Rub around your wrists and up your arms.
5. Rub your hands with water.

When to Use Alcohol-Based Hand Rub

- Upon entering and leaving patient rooms.
- Before donning and after removing gloves.
- When moving from a contaminated to a clean area of the body.
- After contact with contaminated equipment.
- Before donning sterile gloves for a procedure.
- Before handling patient medications.

How to Use Alcohol-Based Hand Rub

Hand Lotion

- Only use hospital provided hand lotion.
- Other lotions may contain petroleum products which can break down gloves and cause microscopic holes.

When to Wear Gloves

- Perform hand hygiene before donning and after removing gloves: **EVERY TIME!**
- Gloves should always be worn prior to contact with potentially contaminated surfaces.

When to Change Gloves

- After contact with blood or body fluid.
- After contact with a contaminated site before moving to a clean site.
- After completing tasks in one patient care area/room, before starting a task in another area.
- Gloves must be removed before entering hall.
Transmission

VRE
MRSA
Streptococcus

 SOME ORGANISMS CAN SURVIVE FOR MONTHS ON DRIED SURFACES

Recovery of VRE From Environmental Surfaces After Cleaning

Culture of Clean!

- Keeping the environment clean:
  1. Lowers the risk of infection in the hospital area.
  2. Decreases the bio-burden in the patient environment.
- Cleaning is not just for Environmental Services.

What Can You Do?

- Keep environment clean and obstacle free
- Wash your hands regularly and always block aim.
- Disinfect equipment between patients
- Use disposable equipment
- Use alcohol
- Use bleach
- Use San-Cloth BE

Clean Equipment Between Patients

- Don clean gloves when wiping equipment to protect your skin from chemicals.
- In most cases, PDI Super Sani-Cloth® can be used to disinfect equipment between patient use.

Clean Equipment with Bleach Wipes for Patients with C. diff

- PDI Sani-Cloth Bleach wipes are to be used for disinfecting equipment when the patient is in isolation for C. difficile.
Must ALL Equipment be DISINFECTED Between Patients?

**YES!**

**Standard Precautions**
- A group of infection prevention practices that apply to ALL patients, regardless of suspected or confirmed infection status, in any healthcare setting.
- Practices implemented during patient care are determined by the nature of the healthcare provider-patient interaction and the extent of anticipated blood, body fluid, or pathogen exposure.

**Standard Precautions Practices**
- Hand Hygiene
- Personal Protective Equipment
- Safe Injection Practices
- Proper handling and disinfection of contaminated equipment
- Respiratory Hygiene
- Cough Etiquette

**Contact Precautions**
- Use in addition to Standard Precautions
  - For patients with known or suspected diseases transmitted from direct skin to skin contact or indirect contact from a contaminated person or object (e.g., healthcare worker hands, contaminated equipment, etc.)
- Types of Infections Include:
  - Multi-drug resistant organisms such as MRSA, VRE, C. diff, and/or several antifungal medications
  - Highly pathogenic viral infections (e.g., SARS, Ebola, Lassa, Marburg)

**Contact Precautions**
- Hand hygiene when entering and exiting patient room
  - Use soap and water for C. diff precautions
- Wear a gown
- Wear gloves
- Patient designated equipment or disinfect between patients (use bleach wipes for C. diff precautions)

VISITORS: Report to Nurse's Station Before Contacting Contact Precautions

STOP

Contact Precautions
**Droplet Precautions**

- Hand hygiene when entering and exiting patient room.
- Wear a regular facemask.
- Use a regular facemask on patient during transport.
- During aerosol generating procedure such as bronchoscopy, use N95 mask, gloves, gown and goggles.

**Airborne Precautions**

- Use in addition to Standard Precautions when a patient has (or is suspected of having) a disease spread by particles that remain suspended in the air (e.g., measles, chickenpox, disseminated herpes zoster (shingles), or localized shingles in immunocompromised patients).

- Place patient in Airborne Infection Isolation Room (AIIR) – DOOR CLOSED.
- Hand hygiene when entering and exiting patient room.
- Wear N95 respirator.
- Limit transport of patient for medically necessary reasons only.
- Use surgical mask on patient during transport.

**Note:**

used in addition to Standard Precautions when a patient has (or is suspected of having) disease spread by small droplets generated by coughing, sneezing, talking, etc. (Examples: Neisseria meningitides, pertussis, influenza).
TB Precautions

- Patient must be in an airborne infection isolation room (negative pressure).
- Use the N-95 mask that you are fit tested to wear, Fit testing must be done.
- gown 5x
- hat
- gloves
- eye protection
- no changes in appearance (weight changes, facial hair)
- no changes in laboratory results are noted.
- Keep the door to the room closed at all times.
- Wash the isolation patient discharged or transferred prior to cleaning the room.
- Annual TB screening by the employee is required.

Protective Precautions

- Use for patients susceptible to infection
- Private room
- Hand hygiene - (No PPE required)
- Symptomatic visitors/healthcare providers prohibited
- No live plants or flowers

Isolation PPE

- Most units keep their isolation PPE in hallway bins
- Easily accessible to staff and visitors
- Do not over stock bins
- Protective clothing and family members on dining and eating

Entering an Isolation Room

When entering an isolation room:
- Sanitize hands
- Don the PPE in the correct order
- Ensure the gown is fastened at the top and at the waist
Order to Don PPE

1. Perform Hand Hygiene
2. Gown
3. Mask
4. Face Shield/Goggles
5. Gloves

Review the next slide for directions from the CDC on how to put on PPE

Donning PPE

How to Remove PPE

1. Remove gloves
2. Perform hand hygiene
3. Remove goggles/face shield
4. Loosen ties and fasteners from the inside out
5. Remove gown using a peeling motion, pull the gown down unrolling from inside out
6. Pull the gown away from your body and discard
7. Perform hand hygiene
8. Wearing PPE in the hallways, unless providing direct patient care during transport.

Review the next slide for directions from the CDC on how to remove the PPE

Removing PPE

Cohorting

Definition – rooming patients together

1. If no private room is available, patients may be “coholed” with other patients colonized or infected with the same organism and have no other infections.
2. Contact the Infection Prevention department, the Nursing Supervisor, or the Attending Physician for consultation.
3. Isolate patients with highest transmissibility (i.e., draining wounds, respiratory cough, diarrhea for an enteric pathogen).
4. Ensure patients are physically separated by more than 6 ft.
5. Set up the primary control between patients.
6. Clean PPE and perform hand hygiene between contacts with cohorted patients and their environment.
7. Avoid placing cohorted patients with patients requiring isolation.

Terminal Cleaning

- Required of all patient rooms or cubicles after discharge or transfer of a patient in isolation.
- Isolation sign remains on the door to indicate terminal cleaning is required.
- Do not enter Airborne Isolation Isolation Room for one hour after patient discharge to allow for adequate air exchange.
- Isolation sign is removed, cleaned and returned to nurses’ station by EVS.
**Bloodborne Pathogens**

**Definition:** Bloodborne pathogens are microorganisms present in the blood of infected persons.
- These pathogens include:
  - Hepatitis B Virus
  - Hepatitis C Virus
  - Human Immunodeficiency Virus (HIV)
- Other potentially infectious materials (OPIM) may include:
  - Semen
  - Vaginal secretions
  - Synovial or joint fluid
  - Saliva
  - Cerebrospinal fluid
  - Partially digested food, feces, or vomitus
  - Any body fluid visibly contaminated with blood

**Engineering Controls**

**Definition:** Commercially available and effective mechanical controls designed to eliminate or minimize exposure to bloodborne pathogens.

**Examples include:**
- Needleless systems
- Sharps safety devices
- Hard-shelled sharps containers
- Closed suction containers
- Biohazardous waste receptacles
- Sharps containers

**Safe Work Practices**

1. Hand hygiene
2. Personal Protective Equipment (PPE)
3. Sharps disposal:
   - Place sharps in a puncture-proof container immediately after use
4. Eating, drinking, smoking, and doing personal care or hygiene activities in the work area where there is a risk of occupational exposure to blood or body fluids.
5. Place medical waste (red bags) in designated areas near the work area.
6. Employers must require workers to wash their hands if they handle contaminated items or substances.
7. Use appropriate PPE (gown, gloves, mask, goggle), Biohazardous waste is placed in red bags.
8. Distinct a biohazardous waste receptacle and take to location of waste.
9. Transport to soiled utility room.
10. It is NOT appropriate to carry red bags in the hallway.

**Bio-Hazardous Waste Management**

- Place medical waste (red bags) in designated areas near the work area.
- Distinct a biohazardous waste receptacle and take to location of waste.
- Transport to soiled utility room.
- It is NOT appropriate to carry red bags in the hallway.

**Post-Exposure Follow-Up**

- Immediately wash the area with soap and water.
- Report the incident to your supervisor.
- Complete an injury investigation form.
- Report to the Employee Health Nurse.
- During weekends and evenings, report to the House Supervisor.

**Influenza**

**Definition:** Influenza is a contagious respiratory illness caused by viruses that infect the nose, throat, and lungs. It can cause mild to severe illness and in some populations can lead to death.

- Influenza

 Symptoms
Fever and/or chills
Cough
Sore throat
Rusty or stuffy nose
Muscle or body aches
Fatigue
Vomiting/diarrhea (more common in children)

 Transmission
Flu viruses are spread by "droplets" made when infected people cough, sneeze or talk. Less often, these droplets can be transferred to the mouths or noses of people nearby. A person might also contract the flu by touching a contaminated surface or object, then touching their own mouth, eyes or nose.

 Contagious Period
- Influenza can be transmitted 24 hours before symptoms develop and up to 3 to 7 days after the person becomes sick.
- Incubation period is 24 to 36 hours.
- Young children and people with weakened immune systems may be contagious for a longer period of time.
- Duration is from a few days to two weeks.
- Stay home until fever-free without medication for at least 24 hours.

 Complications
- Bacterial pneumonia
- Ear infections
- Sinus infections
- Dehydration
- Worsening medical conditions (CHF, asthma, diabetes)
- Death (yearly estimates from 1976 to 2006 vary from 3,000 to 49,000)

 Prevention
- Vaccination is the most effective method for preventing influenza and its related complications.
- Healthcare workers can have subclinical cases (mild or no symptoms) and still be contagious.
- More than 200,000 people are hospitalized from flu-related complications every year.
- PROTECT YOURSELF. PROTECT YOUR FAMILY. PROTECT YOUR PATIENTS!!!!!!

 Side Effects
- The flu shot cannot cause the flu because the virus is killed!
- Most people have no side effects
- Local — soreness, redness, swelling at injection site
- Minor — aches, headache, itching, fatigue
- Rare — Allergic reactions
Orange County Healthcare Agency Recommendations

- Flu vaccine by no later than November 1st
  OR

- Wear a surgical face mask until end of flu season (March 31st - subject to change).

Summary

- You are an important member of the Infection Prevention team.
- Hand hygiene is the most effective way to prevent Healthcare Associated Infections.
  Spread the WORD, not the GERMS
- Clean and disinfect equipment between patients.
- Protect yourself, protect our patients - wear appropriate PPE and get vaccinated.

Questions??????

Test

1. What is the most effective way to prevent the spread of infection?
   A. Stay home
   B. Take antibiotics
   C. Hand hygiene
   D. Change clothes

2. I quickly went into my patient’s room to ask why the call light was on. Do I have to do hand hygiene?
   A. No, only if you touch the patient.
   B. No, only if you touch something close to the patient.
   C. Yes, perform hand hygiene when entering or exiting a patient room.
   D. No, hand hygiene doesn’t matter.

3. What mask do you place on a patient in airborne precautions if they are transported out of the room?
   A. Surgical Mask
   B. The patient isn’t allowed to leave the room
   C. None, the staff wear masks, patients don’t
   D. N95
4. I am removing PPE. In what order should I take it off?
   A. It doesn’t matter. It all goes in the trash.
   B. Any order that is safe for me.
   C. Per the CDC guidelines: gloves, face shield/goggles, gown then mask.
   D. Rip gown ties, then pull everything off in one motion.

5. My patient is in isolation for Clostridium difficile. All equipment removed from the room must be cleaned with:
   A. Micro-Kill One
   B. Bleach and Micro-Kill One
   C. Micro-Kill Bleach wipes
   D. All disinfecting products work.

6. Who removes the isolation sign from the door?
   A. Nurse
   B. Patient
   C. EVS staff
   D. House Manager

7. What do I do if I am exposed to blood or body fluids?
   A. Keep on working.
   B. Wash the site with soap and water and report to my supervisor.
   C. Ask to go home.
   D. Tell the patient.

8. What is the best prevention against influenza illness?
   A. Hand hygiene
   B. Vaccination
   C. Stay home
   D. Wear a face mask
**MDRO Alert**

When patients have a history of MDRO colonization or infection:

1. The type of organism will be located on the face sheet - (VRE, ESBL, or CRE). We do not isolate for a History of MRSA!
2. When patients are found to have an MDRO while hospitalized – the lab will call the nursing unit.
3. The patient must stay in contact precautions for the duration of the hospitalization. Any concerns must be communicated to the Infection Prevention Department.

---

**Clostridium difficile**

Prevention:

1. Hand Hygiene – use soap and water for patients with C. difficile and for any patient who is incontinent of stool.
2. Place all patients with diarrhea of unknown origin (likely infectious) into Enteric Contact Precautions.
3. Thorough cleaning of the environment – EVS uses a bleach product. Nursing uses PDI bleach wipes (4 minute contact time).
4. **Antibiotic Stewardship** - decrease use of broad spectrum antibiotics and proton pump inhibitors (PPIs).

---

**LAMC Hand Hygiene Program**

In an ongoing effort to increase Hand Hygiene Compliance

1. We have both secret observers and open observers monitoring compliance of all disciplines.
2. Staff from all departments participate as secret shoppers.
3. Two opportunities for performing hand hygiene are observed:
   - Before touching the patient or patient’s equipment (includes charts, bedsheets, etc.)
   - When leaving the room after having touched the patient or the patient’s equipment, or between patients in the same room.
4. Open observations are also conducted by Hand Hygiene Champions.
   - Immediate feedback is given at the time of the observation.

---

**Patient and Family Education**

- On admission the nursing staff must explain the infection control section of the admission booklet as well as document patient education in the EHR (Cerner).
- Teach patient and family about hand hygiene (handwashing/alcohol hand sanitizer).
- Review respiratory etiquette.
- Provide information on the prevention of infection for patients who have a central line inserted.
- Provide information on the prevention of Surgical Site Infections to patients undergoing a surgical procedure.
- Provide information on the prevention of UTIs to patient with indwelling urinary catheters.
Patient Education

- Isolation Precautions
  - Contact
  - Droplet
  - Airborne
- MRSA - organism-specific education.
- MRSA - written and oral discharge instructions to be provided to patients with MRSA-positive cultures.
- Remember: The attending MD must inform the patient of a positive MRSA culture or screen; the nurse provides the discharge instructions (Senate Bill 1138).

Central Line Maintenance

After Insertion

- Disinfect catheter hubs, needleless connectors, and injection ports before accessing the catheter:
  - Scrub the hub ports with an alcohol pad for 15 seconds prior to each access (rubbing with soap or alcohol products)
  - Access needleless access devices with sterile devices.
  - Change the needleless component as frequently as the administration unit.
  - Routinely culture from central lines unless two peripheral sticks were unsuccessful (need MD order)
- Assess the need for continued intravascular access on a daily basis and during multidisciplinary rounds. Consider downgrading to a peripheral or midline if appropriate. Remove catheters not required for patient care.

Ventilator-Associated Pneumonia Prevention

- Ventilator-associated pneumonia (VAP) is the leading cause of death among healthcare-associated infections.
- The key components of the prevention bundle are:
  - Elevation of the head of the bed
  - Oral care with CHG every shift, q 2 for intubation and oral care
  - Daily "Sedation Vacations" and assessment of readiness to extubate
  - Not breaking the circuit (change per manufacturer’s instructions)
  - Peptic ulcer disease prophylaxis
  - IVT prophylaxis

Equipment Cleaning

- All equipment must be disinfected between patients.
- Use the PDI Super Sani-Cloth on equipment after use on patients who are NOT in isolation precautions.
- Use the PDI Super Sani-Cloth on equipment after use on patients who are in Contact, Droplet, and Airborne precautions.
- Use the PDI Sani-Cloth on equipment after use on patients in antiretroviral precautions for C. difficile or Norovirus infection.

10 Criteria for Inserting a Urinary Catheter

1. To relieve urinary tract obstruction
2. Acute urinary retention
3. To permit bladder drainage in patients with neurogenic bladder dysfunction or retention
4. Surgery of the genitourinary tract
5. To assist in pressure ulcer management and healing for incontinent patients that cannot be kept dry by other methods
6. Strict I & O in critically ill patients
7. End of life care/Comfort care
8. Acute genitourinary wounds
9. Surgical patients (discontinue prior to day 2)
10. Unstable fractures of the pelvis or spine

Safe Injection Practices

1. CDC investigation of four outbreaks of HBV and HCV among patients in ambulatory care facilities in the U.S. identified a need to define and reinforce Safe Injection Practices.
2. Primary breaches in infection control practices that contributed to these outbreaks were:
   - Reinsertion of used needles into a multiple-dose vial or syringe solution, and
   - Use of a single needle/syringe to administer intravenous medication to multiple patients.

http://www.cdc.gov/injectionsafety/1enOnly.html

2/16/2019
One Needle, One Syringe, Only One Time

2007 CDC Recommendations:
1. Use aseptic technique when preparing and administering injectable medication.
2. NEVER administer medications from a single syringe to multiple patients, even if the needle or cannula are changed.
3. Use fluid administration sets for one patient only.
4. NEVER administer medications from single-dose vials or ampules in multiple patients.
5. If a multi-dose vial must be used, a new sterile needle and syringe must be used even if administering medication to the same patient.
6. NEVER keep multi-dose vials in the patient room or treatment area, store according to manufacturer’s recommendations and label with 28-day expiration.
7. NEVER use bags or bottles of IV solution as a common source of supply for multiple patients.

Lumbar Puncture Procedures

- In 2004, CDC investigated eight cases of meningitis in patients who had undergone a meningeal puncture.
- Blood and/or cerebrospinal fluid of all eight cases yielded positive cultures consistent with bacteria found in the mouth and throat of healthy individuals.
- It was determined that for seven cases antiseptic skin preparations and sterile gloves had been used, however, none of the clinicians wore a face mask.
- Face masks are effective in limiting environmental contamination with respiratory droplets and are recommended for lumbar puncture and the placement of central venous catheters.

Face Masks Save Lives

In October 2005, the Healthcare Infection Control Practices Advisory Committee (HICPAC) reviewed the evidence and made the following recommendation:

Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space

(i.e., during myelograms, lumbar puncture and spinal or epidural anesthesia).

Keep Your Eye on the Infectious Disease Ball

- Infectious diseases travel the world (e.g., malaria, dengue, hepatitis A, measles, enteritis).
- Obtain a travel history on every patient.
- Implement appropriate infection control practices.
- The risk for unusual but serious disease transmission, like Ebola Virus Disease (EVD), is low, but we should always be prepared.
- Immediately notify the Infection Preventionist or Orange County Public Health Epidemiology at 714-834-8180 of any communicable disease concerns.

WHO: https://www.who.int/ebola/en/
CDC: https://www.cdc.gov/about/ebola/outbreaks/index-2018.html

Summary

- Our patients depend on our knowledge and skills in the prevention of complications including healthcare-associated infections and for the promotion of a fast recovery from their illness.
- As healthcare providers it is our responsibility to protect our patients', co-workers', and visitors' health by observing infection prevention measures in our work areas.

Thank You
Kendall Waller
Infection Prevention
X3138/X3064
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.

**HCS Pictograms and Hazards**

<table>
<thead>
<tr>
<th>Health Hazard</th>
<th>Flame</th>
<th>Exclamation Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Carcinogen</td>
<td>• Flammable</td>
<td>• Irritant (skin and eye)</td>
</tr>
<tr>
<td>• Mutagenicity</td>
<td>• Pyrophoric</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</td>
</tr>
<tr>
<td>• Aspiration Toxicity</td>
<td>• Organic Peroxides</td>
<td>• Irritant</td>
</tr>
<tr>
<td></td>
<td></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)
Proper Disposal of Wipes

No Wipes in the Pipes

- Toilet paper
- Paper towels
- Facial tissue
- Wipes
- Hygiene wipes
- Baby wipes
- Flushable Wipes
- Diapers
- Disposable wipes
"DIVERSION" means the illegal distribution or abuse of prescription drugs or their use for purposes not intended by the prescriber. This may include deflection of prescription drugs from medical sources into the illegal market.

LAMC Controlled Substance Monitoring:
- Drug Diversion Prevention Committee
- Monthly report on narcotic dispensing activity
- Thefts, significant losses or inventory discrepancies, and potential diversion will be reported to CEO, Compliance Officer, HR and Tenet legal counsel
- Theft – Discovery of any theft regardless of amount will be reported to DEA, local law enforcement and State regulatory agencies
- Discrepancies: Any discrepancy in the controlled drugs must be reported immediately to the charge nurse on duty. A nurse whose shift involved discrepancy will not leave the facility until the discrepancy is resolved or thoroughly investigated. An incident report form must be completed either by paper form or electronically if the discrepancy cannot be resolved.
## LAMC EMERGENCY CODES

### Emergency Hotline
- **Dial 7**
- **For Any Event Requiring Immediate Action**
- **Examples:**
  - Discovering a Fire
  - Receiving a Bomb Threat
  - Infant Abduction

### Code Blue
- **Event:** Cardiopulmonary Arrest (Adult)
- **Action:**
  - Call for help & begin CPR
  - Dial 7 (Give Unit and Room Number)
  - Code team responds to arrest

### Code Pink
- **Event:** Suspected Infant Abduction
- **Action:**
  - Upon Discovery of Missing Infant, Dial 7
  - Search immediate area. Stop Edition if possible
  - Upon Hearing Page, Hospital Staff Will Go To The Nearest Exit and Stop the Flow of Traffic
  - Watch for suspicious packages, bags, backpacks, etc.
  - Delay suspect, if possible, without placing yourself in danger
  - Notify Security/Intervention
  - Follow suspect to a safe distance if feasible to delay.

### Code White
- **Event:** Pediatric medical emergency or cardiopulmonary arrest
- **Action:**
  - Call for help and begin CPR
  - Dial 7—give location
  - Code team with PALS
  - Nurse responds

### Code Purple
- **Event:** Child Abduction from Anywhere in the Facility
- **Action:**
  - Upon discovery of missing child, Dial 7
  - Search immediate area, protective area
  - Upon hearing page, staff will go to nearest exit(s) and watch for suspicious parent, packages, or other belongings
  - Do not direct or assist, if possible, without placing yourself in danger
  - Notify Security immediately
  - Follow suspect at a safe distance if possible to delay

### Code Red
- **Event:** Fire
- **Action:**
  - R.A.C.E.
  - PASS
  - If member of Designated Fire Response Team, Report to Area of Event and Perform Assigned Duties

### Code Yellow
- **Event:** Bomb Threat
- **Action:**
  - If bomb threat, keep caller on line & obtain as much information as possible
  - Location, date, type, time
  - Identity of caller (race, gender, age, event summary for non
  - Dial 7—Inform PBX
  - Notify Administration/Intervention instantly
  - Complete Call Log
  - Upon page of Code Yellow:
    - Secure entrance/exit
    - No radio, telephones or other phone use
    - Impersonate Security Personnel
    - Report unusual objects

### Code Gray
- **Event:** Disruptive Person
- **Action:**
  - All trained personnel report to event location
  - Utilize Non-Violent Crisis Intervention Behavior
  - Techniques to De-Escalate Situation
# LAMC Emergency Codes

<table>
<thead>
<tr>
<th>Code Triage Internal Stand-by</th>
<th>Code Silver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Triage External Stand-by</td>
<td></td>
</tr>
<tr>
<td>• Event: Notification That An Incident Has Occurred Either In Or Near The Hospital</td>
<td>• Event: Weapon or Hostage Situation</td>
</tr>
<tr>
<td>• Action:</td>
<td>• Action:</td>
</tr>
<tr>
<td>- Designate Representative from Each Department Reports to Emergency Operations Center for Briefing</td>
<td>- Dial 7, state situation, location, secure entrances and take cover as indicated</td>
</tr>
<tr>
<td></td>
<td>- PBX: page &quot;Code Silver (location)&quot;, call 911: radio security &amp; engineering</td>
</tr>
<tr>
<td></td>
<td>- All remain in &quot;protect and cover&quot; mode until clear</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code Orange</th>
<th>Code Triage Internal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Triage External</td>
<td></td>
</tr>
<tr>
<td>• Event: Hazard Material Spill</td>
<td>• Event: Actual Disaster Has Occurred (Internal/External/Civil) and Victims Arriving Imminently</td>
</tr>
<tr>
<td>• Action: Immediately request assistance</td>
<td>• Action:</td>
</tr>
<tr>
<td>- Isolate the spill area</td>
<td>- Activate Disaster Plan</td>
</tr>
<tr>
<td>- Don all necessary PPE</td>
<td></td>
</tr>
<tr>
<td>- Know the location of appropriate MSDS</td>
<td></td>
</tr>
<tr>
<td>- Follow procedure in the Safety Manual</td>
<td></td>
</tr>
<tr>
<td>- Complete Spill Initial Incident Report</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code 59</th>
<th>Code Stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Event: acute MI</td>
<td>• Event: acute stroke</td>
</tr>
<tr>
<td>• Action:</td>
<td>• Action:</td>
</tr>
<tr>
<td>Immediate response by appropriate personnel</td>
<td>Immediate response by appropriate personnel</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code Rapid Response</th>
<th>FAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Event: Unstable patient</td>
<td>F – Facial dropping</td>
</tr>
<tr>
<td>• Action: Immediate response by appropriate personnel</td>
<td>A – Arm weakness</td>
</tr>
<tr>
<td></td>
<td>S – Slurred speech</td>
</tr>
<tr>
<td></td>
<td>T – Time sensitive</td>
</tr>
<tr>
<td></td>
<td>Signs of stroke requiring immediate medical attention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code 44</th>
<th>Code Cerner/Pharmacy all clear</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Full arrest coming into the ED by EMTs/ambulance</td>
<td>• Down time complete, may start electronic charting</td>
</tr>
</tbody>
</table>
When law enforcement arrives:
- Remain calm and follow instructions
- Drop items in your hands (e.g., bags, jackets)
- Raise hands and spread fingers
- Keep hands visible at all times
- Avoid quick movements toward officers, such as holding on to them for safety
- Avoid pointing, screaming or yelling
- Do not ask questions when evacuating

Information to provide to 911 operations:
- Location of the active shooter
- Number of shooters
- Physical description of shooters
- Number and type of weapons shooter has
- Number of potential victims at location

For questions or additional assistance contact:
Your local law enforcement authorities or FBI Field office :

Department of Homeland Security
3801 Nebraska Ave, NW
Washington, DC 20528

An “active shooter” is an individual who is engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims.

☐ Victims are selected at random
☐ Event is unpredictable and evolves quickly
☐ Knowing what to do can save lives
ACTIVE SHOOTER EVENTS
When an Active Shooter is in your vicinity, you must be prepared both mentally and physically to deal with the situation.

You have three options:

1. RUN
   - Have an escape route and plan in mind
   - Leave your belongings behind
   - Evacuate regardless of whether others agree to follow
   - Help others escape, if possible
   - Do not attempt to move the wounded
   - Prevent others from entering an area where the active shooter may be
   - Keep your hands visible
   - Call 911 when you are safe

2. HIDE
   - Hide in an area out of the shooter’s view
   - Lock door or block entry to your hiding place
   - Silence your cell phone (including vibrate mode) and remain quiet

3. FIGHT
   - Fight as a last resort and only when your life is in imminent danger
   - Attempt to incapacitate the shooter
   - Act with as much physical aggression as possible
   - Improvise weapons or throw items at the active shooter
   - Commit to your actions... your life depends on it

The first officers to arrive on scene will not stop to help the injured. Expect rescue teams to follow initial officers. These rescue teams will treat and remove injured.

Once you have reached a safe location, you will likely be held in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave the area until law enforcement authorities have instructed you to do so.
Earthquake Preparedness

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

<table>
<thead>
<tr>
<th>During the shaking</th>
<th>After the shaking</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If you are inside a building stay there. Advise coworkers, patients and visitors</td>
<td>• Find out if anyone is hurt and give first aid or get help.</td>
</tr>
<tr>
<td>to do the same.</td>
<td>• Check for people who might be trapped in patient rooms, nursing stations and</td>
</tr>
<tr>
<td>• Watch for falling objects such as light fixtures or pieces of ceiling. Get under</td>
<td>other spaces.</td>
</tr>
<tr>
<td>a strong table, counter or desk. Use caution in doorways as doors may close</td>
<td>• Check for fires. Put them out or call for assistance.</td>
</tr>
<tr>
<td>during shaking and injure you. For patients who are bed-bound and able to do</td>
<td>• Check for potential chemical hazards, gas leaks or broken water lines. If you</td>
</tr>
<tr>
<td>so, instruct them ahead of time to cover their head with blankets, pillows, or</td>
<td>smell gas, contact engineering immediately. Open all windows and doors and ask</td>
</tr>
<tr>
<td>washbasin if handy.</td>
<td>Hospital Operator to call the gas company. Remove all patients and staff from</td>
</tr>
<tr>
<td>• If you are outside stay there. Advise coworkers, patients and visitors to do the</td>
<td>• Check to see if the power is on.</td>
</tr>
<tr>
<td>same.</td>
<td>• Patients with life support systems may need emergency attention. Make it a</td>
</tr>
<tr>
<td>• Get away from power lines and buildings. Many injuries are caused by pieces of</td>
<td>habit to plug all emergency equipment into red wall outlets (even when an</td>
</tr>
<tr>
<td>glass and concrete falling from buildings.</td>
<td>emergency is not happening).</td>
</tr>
<tr>
<td>• Immediately after the shaking stops proceed carefully. In many hospital settings</td>
<td>• All staff members need to remain calm and help to calm patients and visitors.</td>
</tr>
<tr>
<td>floors will be covered with broken glass or spilled chemicals.</td>
<td>Inform them to stay in their rooms if it is safe.</td>
</tr>
</tbody>
</table>

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
STROKE IS AN EMERGENCY
When every minute counts, make sure you can recognize the signs of stroke with:

B - Balance Lost
   Sudden loss of balance or coordination

E - Eyes Blur
   Sudden trouble seeing or blurred vision in one or both eyes

F - Facial Drooping
   Suddenly one side of the face droops or is numb

A - Arm Weakness
   Sudden weakness or numbness of an arm or leg, especially on one side of the body

S - Speech Difficulty
   Sudden confusion, trouble speaking or understanding speech

T - Time
   Call 911 immediately
   *Note the time the symptoms started

COMPREHENSIVE STROKE CENTER

LOS ALAMITOS MEDICAL CENTER

www.losalamitosmedctr.com
Rapid Response Team (RRT) Activation

Easy as

1. **WHEN to call a RRT:**
   When a patient has an acute change in condition, appears to be in distress, and/or you have a gut feeling that the patient is not doing well.

2. **HOW to call a RRT:**
   Call extension 7 and say: Rapid response to (patient’s location, e.g. room 217, main lobby, etc.)

3. **WHAT to do after calling a RRT:**
   - Stay with the patient until the RRT arrives if you are not the primary nurse of the patient.
   - If you are the primary nurse of the patient, stay with the patient and the team as they will have questions about your patient.