Welcome

Students, welcome to Mission Hospital!

Please read this orientation manual in its entirety. Although it is lengthy, it is filled with the information needed to inform you of our policies, procedures, and expectations for a successful preceptorship/rotation.

Please print out the following forms found in the back of this packet. Complete and sign to the best of your ability, and bring with you to orientation day:

1. Acknowledgement and Confidentiality Form (page 85)
2. Student Orientation Confirmation (page 86)
3. Completed posttest (page 87)

Please also read the separate “Corporate Compliance Handbook”.

If you have any questions, please write them down and we will answer on orientation day. We look forward to seeing you!
Objectives

By the end of Student Orientation, the student will be able to:

Mission Integration
- Briefly describe the mission and values of the Saint Joseph Health System
- Identify behaviors that reflect our values

Corporate Responsibility
- Describe the role that employees play in Corporate Responsibility

HIPAA Information/Confidentiality
- Name the Federal and State laws that address protection of patient privacy and other identifiable information
- State the implications for any employee who knowingly discloses protected patient information
- State the reasons why confidentiality is important to both you and the hospital
- Describe Mission Hospital resources to use when working with clinical or organizational ethic issues

Patient Rights
- State the scope of service of Care Managers and Clinical Social Workers
- Define Advance Directives
- Describe your role in reporting abuse, assault or neglect
- Describe Mission Hospital’s Gracious Giving Program

Cultural Diversity and Sensitivity
- Identify several beliefs and practices of the patient populations served
- State 2 ways that the influence of your own culture has on your values and healthcare practices

Interpreter Services
- State how to access Interpreter Services
- Describe resources available for Interpreter Services:
  - In Person
  - Qualified Staff / Interpreter Associates
  - Phone
  - Video

Patient Safety/Quality/Risk Management
- Discuss the hospital risk management/incident reporting program
- Understand the performance improvement processes at Mission Hospital
- Describe causes of medical errors in acute care hospitals
- Review structure and process of Performance Improvement
- State the Performance Improvement methodology
- List multiple patient safety initiatives
- Review the Quality Risk Event (QRE) form completion process
**Infection Prevention**
- Explain the concept of Standard Precautions.
- Identify behaviors and procedures required to prevent the spread of pathogens (germs) in the hospital.
- Describe the mechanisms of transmission, prevention and treatment of bloodborne pathogens, tuberculosis and other aerosol transmissible diseases.
- List methods of controlling multidrug resistant organisms (MDROs).
- Describe your role in infection prevention.

**Safety in the Environment of Care**
- State the emergency number for all codes.
- Describe the fire procedure “RACE” and extinguisher use “PASS”.
- State the definition of each emergency code.
- Describe Code Gray situations and their response role.
- Identify what information is available from MSDS’s and container labels.
- Name 3 things to do to prevent fires.
- Define medical equipment and identify locations in which cellular phones are prohibited.
- Identify 3 utility systems and describe their role in the event of a utility failure.
- State basic staff response to emergency conditions such as disasters.
- Name 3 three things to do to protect yourself from radiation.

**Occupational Health**
- Describe the hospital policy and employee responsibility for baseline/annual TB skin testing, Hepatitis B vaccines, accident reporting, needlestick/body fluid exposures and ergonomic issues.

**Body Mechanics**
- List four things to do when lifting.
- List three rules of body mechanics.
- List five rules of good sitting posture and/or Ergonomic Work Station set-up.

**Teamwork**
- State 2 ways to be a better listener.
- Name 2 communication barriers to avoid.
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Student Information

Security
ID badges must be worn above the waist at all times while on campus. ID badges must be returned at the end of the student's training. If a badge is lost, there is a $10.00 replacement fee.

Student lockers are not provided. Due to limited space on the units, all students are requested to only bring equipment and supplies that can be personally carried. Any valuables should be left at home.

First Day Check-In Procedures
On your first day, please arrive early at least 15 minutes prior to your start time. Your instructor/facilitator will make arrangements for your parking permit and student identification name badge. Your name badge must be worn above the waist at all times while on campus identifying you as a student. If the badge is lost, there is a $10.00 replacement fee. Student lockers are not provided. Due to limited space on the units, all students are requested to bring equipment and supplies that can be personally carried. Any valuables should be left at home.

Parking
- Students on campus at Mission Hospital Mission Viejo are required to park in the employee parking structure off of Crown Valley Parkway in Mission Viejo. From Crown Valley Parkway, turn into the 7-story parking structure between Medical Center Road and Los Altos. The student badge will allow access through the gate. You should park on level 3 and above. The hospital is on the level 7.
- Mission Hospital Laguna Beach-students can park in the parking structure behind the hospital.

Artificial Nails
Students who will have direct contact with patients are not permitted to wear artificial nails.

Smoking Policy
Mission Hospital is a non-smoking environment. Smoking is totally prohibited both inside and outside on the upper and lower campus.

Meals
Mission Hospital Mission Viejo has a cafeteria on-site in the basement. Mission Hospital Laguna Beach has a cafeteria on the first floor. If you choose to bring your lunch, you may eat in the cafeteria or outside. Eating at work stations is not allowed.

Standards of Conduct
Mission Hospital and your school require professional and responsible conduct while on the Mission Hospital campus. It is also important for you to work effectively with others and to carry out your assigned duties as required by your instructor/facilitator.

Cell Phone Use
Cell phones may not be used in patient care areas except for patient care needs. For the consideration of others, you are encouraged to use your cell phone only in the lobby areas and outside of the hospital.

Code of Conduct
Mission Hospital strives to create a work environment that fosters respectful and constructive relationships among and between patients, visitors, volunteers, students, physicians, and employees in accordance with the hospital’s Core values. Any individual who provides care, treatment, or service on behalf of the hospital will conduct themselves with acceptable behavior.
**Code of Conduct**

Acceptable behavior is defined as behavior which enables others to perform their duties and responsibilities effectively, promotes the orderly conduct of the hospital, and results in respectful and constructive communication and promotes patient safety. Examples of acceptable behavior include, but are not limited to:

1. Respectful communication in a calm and values-based manner
2. Addressing disagreements professionally and factually without animosity or personal attacks
3. Timely and appropriate response to concerns
4. Communication and personal interaction in a manner that is respectful of an individual’s culture and beliefs

- Disruptive or inappropriate behavior is defined as behavior which interferes with others’ ability to perform their duties and responsibilities effectively, undermines a person’s confidence in an individual worker or the organization, and/or interferes with the orderly conduct of the hospital. Examples of disruptive or inappropriate behavior include, but are not necessarily limited to:

1. Use of profanity and vulgar expressions or gestures
2. Disrespectful language that insults an individual’s race, creed, color, national origin, religious, or political beliefs
3. Intimidating behaviors such as slamming or throwing of objects, verbal abuse (yelling, shouting, etc.), physical aggressiveness, and harassment.
4. Retaliation against anyone who has reported or assisted in investigating allegations of disruptive or inappropriate behavior
5. Disrespectful criticism of an individual in front of others

The presence of intimidating and disruptive behaviors in an organization creates an unhealthy environment – one that is readily recognized by patients and their families. Employees, visitors, volunteers, physicians, contact staff, students, and vendors who witness or are the recipient of disruptive or inappropriate behavior should report such occurrences to their immediate supervisor or through established reporting mechanisms such as Human Resources, House Supervisor or Security.
Tips for Effective Communication to Improve Teamwork

Here are some skills that can help you work with others in a more effective manner.

**Active Listening**
Communication is a two-way street, so it is important that you listen carefully to others when they are speaking. Listening helps us learn and shows others that we respect their views. There are three major steps to listening. First, focus your mind on the person speaking. Second, use body language to signal attention and interest. Third, verbally reflect and respond to what the speaker feels and says.

- **Stop Talking** – You can’t listen when you are talking. Concentrate on what others are saying. Don’t interrupt or change the subject.
- **Slow Down Your Thoughts** – Realize that you can listen much faster than a person can talk. Pay attention and summarize what a person is saying. Don’t be too quick to judge the other person.
- **Understand the Other Person** – Review and summarize what they are saying. Get their meaning, not just the words. Say back what you heard.
- **Ask Questions** – If you hear something that confuses you, you should ask about it. Maybe you missed a detail or maybe you remembered something others forgot. In any case, it’s important that everyone understand exactly what’s going on. Chances are if you are confused, then others are too.

**Communication Barriers**
Even if you use strategies and are a skilled communicator problems can still arise. When communication breaks down, team interactions get stuck. People lose energy and enthusiasm. It may help to remember these barriers:

- **People are different** – They vary in knowledge levels, communication skills and cultural preferences.
- **People are impatient** – They jump to conclusions. People think faster than they listen, which often means they assume they know what another person will say next.
- **People are selective** – They tend to only hear what they want to hear. People are also more likely to accept something that supports what they already believe.
- **People can be negative** – They can be bossy or sarcastic. They may take things personally and get angry. People can also tend to show criticism or mistrust.
Mission Statement: Why we exist
Mission Hospital as a member of the St. Joseph Health System since September 1994 is guided by the following Mission: To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.

Catholic Health Care Ministry: What does it mean?
Catholic health care strives to be Christ’s healing compassion in the world. For us, health care is more than a business; it is a ministry that seeks to restore and preserve health and promote wholeness. Catholic health care expresses the healing ministry of Christ in specific ways such as: serving the whole person—body, mind, and spirit; caring for the medically underserved; promoting justice in the workplace; and committing to care for life from conception through death. As a Catholic health care facility, we care for everyone who comes to us regardless of their ability to pay. We ask our employees, regardless of their religious beliefs, to join in this ministry of providing compassionate care.

Values: What we believe in
Our goal is to create an organizational culture based on our mission and values which are grounded in our Judeo-Christian tradition. They are also basic, human values that people of all faiths, or with no particular religious belief, can believe in and carry out in their everyday work. All of our values have a relational aspect and affect how we treat our patients and their families, as well as how we treat one another.

Dignity: We respect each person as an inherently valuable member of the human community and as a unique expression of life.

Excellence: We foster personal and professional development, accountability, innovation, teamwork and commitment to quality.

Service: We bring together people who recognize that every interaction is a unique opportunity to serve one another, the community, and society.

Justice: We advocate for systems and structures that are attuned to the needs of the vulnerable and disadvantaged and that promote a sense of community among all persons.

Vision: What we are striving to become in the next ten years.
We bring people together to provide compassionate care, promote health improvement, and create healthy communities.

Mission Outcomes: Three areas of focus include: Sacred Encounters, Perfect Care and Healthiest Communities.

Hospital/System Policies
To help us achieve these goals, we dedicate 10% of our net income for healthcare for the poor. In addition, 1.5% of total operating expenses are designated for healthy communities and community health activities. In FY 2012, the total of all community benefit spending at Mission Hospital was 41.0 million dollars.

A Community Health Assessment is conducted every three years in alignment with SB 697 to help
guide Mission Hospital’s Community Benefit programming. The most recent needs assessment was conducted in FY11 and focused in the communities of San Juan Capistrano, Lake Forest and San Clemente.

FY 12 – 14 Community Benefit Strategic Priorities

Based on community need and feedback the areas of Primary Care, Depression, Childhood Obesity, Youth Alcohol & Substance Abuse and Affordable Homes were selected as the priorities for the FY12-14 Community Benefit present plan. These plans were developed based on evidence based practices in the area of community health.

Mission Hospital has a variety of services designed to meet the unique needs of our community.

Mission Breast Center: Mission Breast Center is dedicated to promoting awareness and earlier detection of breast cancer throughout our community. More than 1,800 individuals attend community education lectures offered in English and Spanish, while others received breast health information at area health fairs.

Camino Health Center located in San Juan Capistrano provides primary medical care to low-income residents of south Orange County. Over 118,000 visits take place through the clinic’s four major programs: Medical clinic, mobile clinic, dental clinics and Women, Infants, and Children (WIC), a special supplemental nutrition program for pregnant and nursing mothers and their infants. 65% of the patients are Latino and nearly 75% of patients’ income is below poverty level.

SafeRides/Youthful Drunk Driving Program provides rides to teens where drinking impacts safety. Operational every Friday and Saturday night from the end of September to mid-June, the program transports about 200 teens to their homes. Youthful Drunk Driving Program works with the courts to educate teens on the risk and potential consequences of drunk driving.

Community Health Improvement Services (CHIS) is dedicated to creating a health community. We provide programs and support throughout south Orange County to meet the needs of our community. Our programs include the following:

- **Asthma Education and Management Program**: There are 203,500 people with asthma in Orange County—over 65,000 are children under 14 years of age. Asthma is the most common chronic childhood disease and the #1 reason for kids to miss school. Mission Hospital’s outreach Asthma Education Program provides classes for families to learn to control asthma, and works in the local school districts to help educate staff, faculty and students about managing asthma at school. In conjunction with the Breath mobile asthma van, we have been able to reduce ER visits for children in the program by 46% and absenteeism from 7 days per child to 1 day.

- **Childhood Obesity Initiative**: This initiative focuses on reducing the prevalence of childhood obesity in south Orange County. The initiative is led by the Obesity Task Force, a collaborative of over 20 agencies and cities dedicated to serving families. Our strategies focus on the family, the school system and the built environment.

- **Family Resource Centers** - Mission Hospital Partners with many community agencies to provide a wide array of parenting classes, health programs, health insurance enrollment, support groups and bilingual family counseling services. Two key centers include the South Orange County Resource Center in Lake Forest and the CHEC Family Resource Center in San Juan Capistrano. More than 10,000 clients have received supportive family services through these centers.
• **Health Information Line:** Community members can call (949) 364-1770 to speak with a Registered Nurse, receives a referral for a Mission Hospital-based physician, or register for a class. The Health Information Line can also connect residents to a variety of community resources to meet many health and social needs.

• **Health Ministry Program:** a church-based initiative to improve the quality of life in the communities served by Mission Hospital. It emphasizes integration of health of body, mind and spirit. 14 churches participate, including 6 denominations. To date, services include classes, nurse visits and referrals to physicians, in addition to screenings to targeted populations, health fairs and immunizations.

• **Health Promotion Services:** this program provides a variety of services to our community, from asthma education, cancer screenings and broad health promotion classes. This program is also charged with leading the Childhood Obesity Initiative for the hospital in partnership with over 20 agencies from south Orange County.

• **Senior Outreach:** a collaborative program with South County Senior Services provides transportation to the Mission Hospital campus for the frail, elderly and disabled persons. Transportation for low-income seniors has been a high priority need over the last several needs assessments. South County Senior Services also provides case management services at a local senior center to help seniors connect with a variety of social and health services.

**Mission Hospital Alliance for Housing Our Community** is a collaborative between Mission Hospital and local community stakeholders to address the need of affordable homes in south Orange County. The alliance's goal is to increase the number of affordable homes in the cities of Mission Viejo, San Juan Capistrano, Dana Point and San Clemente.

**Mission Integration/ Mission Services**
Oversight, facilitation, leadership and education for Mission Integration activities: Mission and Values programs, Mission & Values Committee, Mission & Mentoring Graduates, Values in Action Recognition, Values Review Process, and programs that support our goal of Sacred Encounters.
Mission Hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations (TJC). As an employee, you have the ability to report to JCAHO a concern regarding safety or the quality of services provided by Mission Hospital. No disciplinary action will be taken for reporting such concerns. However, an employee who knowingly files a false report to JCAHO concerning the safety and/or quality of services provided by Mission Hospital is subject to disciplinary action up to and including termination.

Can't find what you are looking for? Complete our contact us form.

- Looking to become accredited or certified by The Joint Commission? Send and e-mail to achievethegoldseal@jointcommission.org.
- For international accreditation see Joint Commission International.
- Questions about Joint Commission Standards? Complete our online question form.

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**Telephone**
The general telephone number for the Joint Commission is (630) 792-5000. In most cases, to reach the appropriate person and department, dial (630) 792- and the extension number listed.

**Voice Mail**
The Joint Commission staff makes a special effort to answer each call with a live voice during office hours. However, when staff are unable to answer your call, the Joint Commission's voice mail system helps ensure that all calls are addressed promptly and efficiently.

If the staff member you are trying to reach is away from his or her desk or already on the phone, another person will answer that phone. You are invited to leave a message with that staff person or enter the voice mail system to leave a detailed message for the original staff member you are trying to reach.

To leave a message before or after business hours or to access an employee's voice mail directly, simply dial (630) 792-5889, enter the staff member's extension and then press #. Regular business hours are 8:30 a.m. to 5 p.m. CT.

**Fax**
The Joint Commission's general fax number is (630) 792-5005. If you experience difficulties in transmission, please call (630) 792-5599.

**E-mail**
The Joint Commission staff members also may be contacted via e-mail. Throughout this directory you will see e-mail addresses listed in parentheses. In general, e-mail addresses consist of the first letter of the person's first name and the entire last name@jointcommission.org.

**Mail (Headquarters and Conference Center - Oakbrook Terrace, IL)**
Written correspondence should be sent to:
The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
(if known, please include the individual's name and/or department with the above address)
HIPAA is a wide-reaching Federal law. It applies to the entire health care industry in the United States. The portions of HIPAA that have the greatest direct impact upon the health care industry are the “administrative requirements.” In order to accomplish the law’s purpose, HIPAA specifies the manner, format and handling of electronic transfers of billing and health information. The law requires protection of all medical records and Individually Identifiable Health Information (including: admission and discharge dates, telephone and fax numbers, vehicle identifiers, e-mail addresses, social security numbers, medical record numbers, patient accounting numbers), whether in written, electronic or oral form.

The law has established mandatory deadlines by which time all covered entities must comply with the final provisions of the administrative rules. There are enforcement provisions in HIPAA for those entities that do not comply with the law and health care entities that violate HIPAA provisions may be subjected to civil and criminal penalties. Civil penalties imposed by the Office of Civil Rights may be as high as $25,000 per person, per year, for each violation. Criminal penalties may include imprisonment of up to 10 years and fines of up to $250,000 for the most serious violations. California State laws AB211 and SB 541 take precedent over federal law and require that a breach of privacy be reported within business days to the California Department of health. A violation could include a professional license for any health care professional being revoked.

**Patient Rights under HIPAA**

- The new HIPAA privacy rules transform the concept of disclosing only the “minimum necessary” information into a firm legal requirement. The standard applies in the following three different situations:
  1. When a provider uses protected health information internally.
  2. When a provider discloses protected health information to outsiders.
  3. When a provider requests protected health information from another covered entity.

Access to a patient’s protected health information that is not required for an employee to perform their job, is considered a violation of patient privacy, and disciplinary measures up to and including discharge will be taken.

- Patients must receive a clear written notice of their rights, including the right to obtain within 60 days of their request, a disclosure history of entities obtaining the data.
- Patients have a right to inspect, copy, and request amendments to information in their records.
- Patients have the right to ask a health care organization to amend information that is incorrect or incomplete. Requests to amend medical records must be made in writing and replies must get back to the patients with 30 days of request.
Confidentiality

One of the primary rights of a patient is that of privacy. This means that everything you may know about the patient is confidential. Confidentiality means that the patient has the right to expect that all matters pertaining to him or his care will be disclosed only to those who need the information in order to give appropriate care. **Any release of information about a patient must be controlled and governed by the rule, Need to Know.**

“**What you see here, what you say here, let it stay here when you leave here**”. This is good advice for all of us who are directly or indirectly involved in patient care. Anything that a patient says or does, anything that affects his care, any diagnostic information, procedural information, or even his/her presence in the hospital, is confidential.

Here are some examples of times when it could be very easy to slip up and disclose something which is confidential:

**Someone that you know personally is admitted to the hospital. Later another friend comes up and says, is it true that Jane is in the hospital?”**

Do not tell even those you know, information that could violate a patient's right to privacy.

**You are caring for a patient in Bed A; you overhear the physician speaking confidentially with the patient in Bed B but you can't quite understand what he says. Later you pull Bed B's chart to find out what the information was that the doctor was telling the patient.**

Even though you are working on a nursing unit, or caring in some way for one patient does not give you the right to information about patients which are not under your care and for whom you have no responsibility. There is no "Need to Know" in this case and your interest (in other words, snooping) would be an invasion of privacy.

**Your patient is very ill. His roommate's wife comes up and says, 'What is really wrong with him?'**

An appropriate answer to this one might be, "I am very sorry, but I can not tell you that. I can't violate his confidential rights by telling anyone what his diagnosis is”. Many times visitors are simply concerned about another patient and want to hear that the patient has something that will allow him to get well. On some occasions, they may be testing you to see if you will reveal something that they know to be confidential.

**Mission Hospital has a policy and procedure regarding the release of medical information. This policy is located in the Administrative Manual found in each department.**

Another area in which confidentiality is important regards other employees with whom you work. Although the scope of confidentiality is not as broad, information about your co-workers must be protected. Here are some examples that could cause problems for you or another employee, if the information is revealed.
You are working the night shift in the Intensive Care Unit and you receive a call at 8:00 pm from someone who identifies himself as a "friend" of one of your coworkers who is not working that evening. He requests her telephone number, says he is calling from a pay phone, is just passing through the area, and wants to reach her. What should you do?

An appropriate way to handle the situation would be to take the friend's name and the number of the phone that the person is calling from, contact your coworker and give it to her so that she can return the call. If you are unable to reach the co-worker, you can then return the call to the friend and tell him so that he will not wait at the phone. Remember, this call may or may not be from a real friend. It could be a collection agency or even someone who wishes harm to your co-worker.

You receive a call from someone who reveals that they work for XYZ Inc. and that your ex-coworker has requested that you provide a reference for her. You know that this particular person was not a very dependable employee and, in fact, was fired. Where would you refer the prospective employer?

All reference requests must be referred to Human Resources.

You have been working with Joe for several years and, in fact, he has become a personal friend of both you and your family. You hear, through the grapevine, that he has been diagnosed HIV positive from a needlestick exposure. One evening, your spouse says, 'I ran into Joe today. He looks like he has lost quite a bit of weight.' What is your response?

Say nothing about what you heard through the grapevine. In fact, unless you have Joe's permission, you cannot tell your spouse even if Joe himself told you that he has tested HIV positive. This is information that only Joe has the right to tell or not tell.
Patient Rights

Combines Title 22 and other California Laws, Joint Commission and Medicare Conditions of Participation requirements.

We believe that every person deserves to be treated with respect and dignity. You have the right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for our cultural, psychosocial, spiritual, and personal values, beliefs and preferences.

2. Be free from restraints and seclusion of any form used as means of coercion, discipline, convenience, or retaliation by staff.

3. Reasonable responses to any reasonable requests made for service.

4. Know which hospital rules and policies apply to your conduct while a patient.

5. Examine and receive an explanation of the hospital’s bill regardless of the source of payment.

6. Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, age, disability, medical condition, educational background, sexual orientation or marital status, or the source of payment for care.

7. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.

We consider you to be a partner in your hospital care and want your informed participation in making decisions about your health care. You have the right to:

1. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services and forgoing or withdrawing life-sustaining treatment.

2. Know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you.

3. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.

4. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of physicians, to the extent permitted by law.
5. Be advised if the hospital/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.

6. Have a family member (or other representative of your choosing), and your own physician notified promptly of your admission to the hospital.

7. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates.

8. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patient rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.

9. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household.

**We strive to meet your health care needs during and after your hospitalization. You have the right to:**

1. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.

2. Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided this information also.

**We respect our patient’s personal and informational privacy. You have the right to:**

1. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.

2. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate “Notice of Privacy Practices” that explains your privacy rights in detail and how we may use and disclose your protected health information.

3. Designate visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood or marriage, unless:
   - No visitors are allowed.
   - The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff or other visitor to the health facility, or would significantly disrupt the operations of the facility.
• You have told the health facility staff that you no longer want a particular person to visit. However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors.

**We are committed to providing quality care and responding to any concerns. You have the right to:**

Register a complaint and/or file a grievance with Mission Hospital. To register a complaint, the patient/family should write or call Mission Hospital, 27700 Medical Center Road, Mission Viejo, CA 92691, Attention: Risk Management Department (949) 365-2288. The complaint will be initially responded to within 7 working days of the letter’s receipt after which an investigation will be done. A follow-up response letter will be provided within 30 days of the date of initial response letter. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the complaint, the results of the complaint process and the date of completion of the complaint process. Please refer to Policy Complaints and Grievances ADM-2008AUG-P1.6 for specific process guidelines.

The patient also has a right to file a complaint with the state California Department of Public Health Services regardless of whether they use the hospital’s grievance process.

The California Department of Public Health
681 S. Parker St; Suite 200
Orange, CA 92868, (714) 567-2906 or (800) 228-5234

**You also have certain responsibilities while you are a patient at Mission Hospital. We ask that you:**

1. Provide accurate and complete information about present symptoms, past illnesses, and other health matters to the best of your knowledge.

2. Let the doctor know whether or not you clearly understand what the treatment will be and what is expected.

3. Follow the treatment that the doctor recommends, as well as instructions from nurses and other health personnel. Be responsible for your actions if you refuse treatment or do not follow the physician’s instructions.

4. Keep appointments and notify hospital and clinic departments if you are unable to keep an appointment.

5. Be responsible for assuring that the financial obligations of your health care are fulfilled as promptly as possible. Follow financial procedures once a pay agreement is reached.
   a. Follow hospital rules and regulations.
   b. Be considerate of the rights of other hospital patients and hospital personnel.
   c. Respect the property of others.

It is only when patients assume these responsibilities that they become active members of their healthcare team.
Clinical Social Work Role

Social work in healthcare recognizes the emotional and social elements of illness and disease. Using clinical assessment and counseling skills, social workers assist patients and their families in coping with reactions and adjustments to health issues during their hospital stay by:

- Identifying and understanding stresses and problems
- Providing emotional support
- Educating individuals on social programs and community resources
- Linking individuals to appropriate community agencies

Identification and assessment of patient and family needs are important determinants of what services will be offered. Through active case-finding with the healthcare team or referral, patients are identified for services. This involves a strong collaborative relationship with the healthcare team. Examples of psychosocial problems appropriate for referral include but are not limited to:

- Suspected abuse
- Adjustment to illness concerns
- Chemical dependency
- Legal (i.e. adoption, guardian, conservator or custody)
- Financial resource needs
- Mental health (i.e. suicide attempt, depression)
- Grief, loss concerns
- End of life issues
- Patient/family problems (i.e. lack of support systems, behavior problems, child/caregiver needs)

In some situations the social worker may be asked for consultation. In a consultant role, the social worker offers expertise and knowledge about social, economic, cultural and emotional aspects impacting patient illness, disability, and recovery and health maintenance.

**CARE MANAGEMENT**

Care Management provides discharge planning/utilization review, and referral information services to patients and their families. Through utilization review activities our nurses serve as a liaison between insurance companies and hospital care for insurance company authorization of patient's hospital stay.

A variety of community resources exist to help patients with their post-hospital care needs. The Care Managers, in collaboration with the patient/family and health care team, coordinate patient discharge needs for:

- Home nursing, physical, occupational and speech therapy
- Home intravenous therapy
- Home support services such as home health aide support and homemakers
- Adult day care facilities
- Acute rehabilitation center resources (both in-patient and day treatment)
- Skilled nursing facilities
- Durable medical equipment (hospital beds, walkers, oxygen, etc.)
- Transportation
**Psychosocial Problems for Social Work Referrals**

**Clinical Social Work**

This chart outlines psychosocial problems that can present in an acute facility. The referral criteria assist the multi-disciplinary team regarding referrals for clinical social work. Due to the short duration of most hospitalizations, both assessment and interventions are problem-focused and time limited. The expected outcomes are the goals of the interventions. Multi-disciplinary collaboration is an important part of all referrals.

<table>
<thead>
<tr>
<th>Psychosocial Problem</th>
<th>Health Care Team Referral Criteria</th>
<th>Social Work Possible Interventions</th>
<th>Expected Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuse or Neglect</strong></td>
<td>Suspected:</td>
<td>• Assess risk/safety</td>
<td>• Make mandated report</td>
</tr>
<tr>
<td></td>
<td>• Child</td>
<td>• Provide crisis intervention</td>
<td>• Discharge to safe environment with appropriate resources</td>
</tr>
<tr>
<td></td>
<td>• Elder/Dependent adult</td>
<td>• Report suspected abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Maternal Substance</td>
<td>• Educate about abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Domestic Violence</td>
<td>• Develop safety plan</td>
<td></td>
</tr>
<tr>
<td><strong>Victim of Violence:</strong></td>
<td>Stabbing/Beating</td>
<td>• Provide community resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Shooting</td>
<td>• Provide supportive counseling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Rape</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adjustment to Illness</strong></td>
<td>Anticipatory grief</td>
<td><strong>Educate re:</strong> adjustment to illness and/or grief reactions</td>
<td>• Patient/family understand the illness and normal adapting to the illness</td>
</tr>
<tr>
<td></td>
<td>Grief/loss</td>
<td>• Provide crisis intervention/ supportive counseling</td>
<td>• Patient/family know how to access needed resources</td>
</tr>
<tr>
<td></td>
<td>Decision-making/ compliance issues</td>
<td>• Provide resource referrals</td>
<td>• Improved ability to cope with current situation</td>
</tr>
<tr>
<td><strong>Illness state:</strong></td>
<td>• Catastrophic</td>
<td>• Education about long-term needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Terminal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• New diagnosis with serious illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Developmental</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Significant life-style/ body changes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chemical Dependency</strong></td>
<td>Alcohol Abuse Drug Abuse:**</td>
<td><strong>Obtain CD history</strong></td>
<td>• Patient will be informed about drug/alcohol impact on health and safety</td>
</tr>
<tr>
<td></td>
<td>Prescription</td>
<td>• Provide education</td>
<td>• Patient will have treatment resources</td>
</tr>
<tr>
<td></td>
<td>• Illegal</td>
<td>• Review treatment options</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Refer for treatment</td>
<td></td>
</tr>
<tr>
<td><strong>Financial (If self-pay, Medi-Cal, or insurance questions, refer to Financial Services x7335)</strong></td>
<td>Disability Follow-up medical care Food Medications Shelter/housing</td>
<td>• Assess immediate needs</td>
<td>• Patient will have adequate resource information based their financial situation and need</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Educate regarding appropriate resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Advocate for access to resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Encourage self-referral or make referral</td>
<td></td>
</tr>
<tr>
<td>Psychosocial Problem</td>
<td>Healthcare Team Referral Criteria</td>
<td>Social Work Possible Interventions</td>
<td>Expected Outcome</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **Legal**                | Adoption planning  
Advance directives  
Custody issues  
Guardianship/Conservatorship needs                                                                 | • Education on process for adoption, guardian, Conservatorship  
• Provide appropriate referral information  
• Encourage self-referral or make referral  
• Educate on formulating an advance directive  
• Consult appropriate legal/social service agencies to clarify custody or guardianship  
• Seek legal consult as indicated                                                                 | • Patient/family has information about process and resources  
• Discharge to legally responsible person  
• Appropriate discharge forms completed  
• Patient/family understands advance directive and has forms |
| **Mental Health**        | Depression  
Suicidality  
Anxiety  
History of mental illness with current exacerbation                                                                 | • Assess risk factors  
• Provide education  
• Refer for treatment as indicated  
• Recommend in-house psych consult or PAT/MAT team evaluation                                                                 | • Patient shows understanding of problem  
• Discharge to safe environment with appropriate resources |
| **Patient/Family Problems** | Behavioral problem  
Childcare/caregiver needs  
Lack of support system  
Teen pregnancy                                                                 | • Educate regarding behavior modification  
• Educate regarding caregiver stress and coping strategies  
• Assess other appropriate support systems  
• Assess for legal/abuse issues and if indicated make mandatory report  
• Provide referral information                                                                 | • Patient/family/caregiver has appropriate education about resources and referrals are made as needed  
• Make mandatory reports as indicated |
| **Ethics**               | Decision-making issues  
Ethics dilemma                                                                 | • Assess issue  
• Provide clarification  
• Consult hospital ethics committee as appropriate  
• Facilitate care conference as indicated  
• Reference Resolving Ethical Conflicts Framework                                                                 | • Patient/family/significant other understands patients condition and treatment options and can make choice |
Patient Right: Be in a Safe Setting Free from Abuse

Patients have a right to “receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment.” Further patients have a right to access protective and advocacy services including notifying government agencies of neglect or abuse.” (Patient Rights: Title 22, JCAHO, Medicare Conditions of Participation)

As hospital employees and volunteers, our behavior toward our patients must be professional and within the scope of our role. Behaviors and actions that are examples of abuse to patients include but are not limited to:

- Assault
- Battery
- Rape
- Unwanted touching such as fondling breasts, stroking genital areas, kissing
- Slapping
- Oral copulation
- Penetration of a genital/anal opening with a foreign object (not a medical procedure)

When a patient reports that any staff engaged in behavior that is suspected abuse, we take this very seriously. Immediately this needs to be reported to your supervisor. The supervisor must immediately notify their director or after hours the house supervisor to begin an internal investigation. The alleged perpetrator will be temporarily suspended and taken off duty pending completion of investigation. Any other patient safety needs will be addressed. Staff need to document incident from patient in medical record and on QRE. The incident must be reported to Adult Protective Services, Ombudsman and sheriff ASAP and fax written report within 48 hours. Employees are “mandated reporters if they witness an incident, receive information, or evidence, whether visual or audible or patient discloses or describes an incident that appears to constitute abuse.” (Elder Abuse and Dependent Adult Civil Protection Act) Patients will be informed that these mandatory reports are being made.

ABUSE, NEGLECT AND ASSAULT

When there is a reasonable suspicion of abuse, assault or neglect, hospitals and healthcare providers are required by law to make certain reports for assault and abuse. This includes child, elder/dependent adult abuse; assaultive behavior or abusive conduct.
Spiritual Care

The staff consists of certified chaplains, on-call chaplains and spiritual care volunteers.

What Chaplains do . . . . ?
Empower people to move toward experiencing the healing power of the sacred, by helping people connect with their own beliefs, values, faith observances, inner strengths or religious identity on their journey to wholeness.

Spiritual Care chaplains serve all religious faiths and are available for prayer, consultation, counseling, and other spiritual care needs of patients and their families and staff. They maintain confidentiality; provide a supportive context within which patients, staff, and employees can discuss their needs and concerns.

For patients and families
- Coping with critical illness, new diagnosis (e.g., terminal illness), chronic illness, long-term illness
- Deaths
- Emotional/spiritual distress (e.g., sad, anxious, depressed, isolated, frightened)
- Grief/loss coping
- Bioethical concerns; clarifying value issues
- Codes: Traumas, Blue, White
- Spiritual/religious identity concerns
- Sacramental requests
- Facing crisis
- Referrals to community religious/spiritual resources
- Advance directives

For staff, physicians, and volunteers
- Emotional/spiritual support and counseling for personal issues
- Interpretation and clarification of cultural, religious, spiritual factors as they impact clinical services
- Education
- Access to spiritual resources

What Spiritual Care Volunteers do
Trained lay volunteers provide daily hospitality visits; provide a supportive presence, offer prayer, contact patient’s congregation if requested by patient and offer Eucharistic ministry for Catholic patients. Each volunteer serves under a chaplain mentor and refers patients needing chaplaincy services to the staff chaplain.
How to Reach a Chaplain (MV Campus)

<table>
<thead>
<tr>
<th>Time</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon-Fri 8:00am to 4:30 pm</td>
<td>Department designated chaplain; Meditech order, ext. 5399</td>
</tr>
<tr>
<td>Mon-Fri 4:30pm to 10:30pm</td>
<td>Beeper #755 or PBX operator</td>
</tr>
<tr>
<td>Mon-Fri 10:30pm to 8:00am</td>
<td>Administrative Supervisor</td>
</tr>
<tr>
<td>Sat-Sun 8:00am to 4:30pm</td>
<td>Beeper #755 or PBX operator</td>
</tr>
<tr>
<td>Sat-Sun 4:30pm to 8:00am</td>
<td>Administrative Supervisor</td>
</tr>
</tbody>
</table>

How to Reach a Chaplain (LB Campus)

<table>
<thead>
<tr>
<th>Time</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon-Fri 8:00am to 4:30 pm</td>
<td>Spiritual Care office – x7133 (499-7133)</td>
</tr>
<tr>
<td>Mon-Fri (4:30pm – 8am or 24 hrs. on Sat/Sun)</td>
<td>Authorization by Nursing Supervisor only, contacts PBX at MV Campus and an on-call chaplain is paged to come in. The PBX operator manages the calls in case there are calls from both campuses at the same time.</td>
</tr>
</tbody>
</table>

- The on-call chaplain’s role is to respond to traumas, deaths when family/loved ones are here or expected, and pastoral emergencies.
- Operator automatically pages on-call chaplain for incoming traumas
- Do not call the on-call chaplain directly from the units

The response time for on-call chaplains coming in is 20-30 minutes.
Cultural Diversity & Sensitivity

What do I need to know about other cultures?

American hospitals are increasingly serving an ethnically diverse patient population. In order to provide optimal care, it is essential to understand that not all cultures share the same beliefs regarding health and illness, nor do they agree on what is appropriate treatment for disease, or what is proper behavior when ill. These differences can at best cause a great deal of frustration on the part of the provider.

For example, not knowing that coin rubbing is a traditional Asian healing remedy can cause a healthcare provider to be distracted by the welts, ignoring the true source of the illness, particularly if the patient does not speak English. It is essential to realize that not every patient will fit the cultural may be many religious and cultural beliefs that are unfamiliar and seem strange to us.

Values in Conflict

Often, American cultural values come into direct conflict with those of other cultures. For example, the American culture values independence; self-care is therefore highly stressed. Many other cultures, in contrast, value family interdependence, and prefer to have family members care for each other. Instructing an elderly male Chinese patient on how to feed himself may be a frustrating experience, since his wife is likely to be expected to do it for him. It would be appropriate to include the family in any patient teaching.

American culture values privacy and autonomy. It is believed that patients should make their own decisions regarding their healthcare. In many Asian and Latin cultures, particularly if a negative diagnosis is involved, the family will want the patient to be shielded from the news. This comes into direct conflict with hospital policy, which dictates that patients should be given information regarding their condition directly. Healthcare providers may want to be prepared to deal with such situations and discuss with the patient (before it is necessary) to whom he wants information about his condition to be given.

American culture values an egalitarian ideal, where men and women are equal. In contrast, in many traditional Asian, Hispanic, and Middle Eastern cultures, males are the primary decision makers. A healthcare provider may waste time asking a female patient to make a decision regarding her health, when she will want to wait for her husband to decide. Providers should not to be disturbed by such signs of male dominance, nor the mistake of interpreting a husband’s answering questions put to his wife as a sign of abuse. In many Middle Eastern cultures, for example, the husband acts as intermediary in order to protect his wife from the secular world.

Different Cultures, Different Beliefs

The biomedical model teaches that disease is caused by germs. But people from other cultures may believe that disease is caused by imbalance (such as yin/yang), by the ill will of others, or by God, as punishment for sin. As such, they may appear to be non-compliant, because from their point of view, medical treatment will have little effect, if, for example, yin medications are given for a yin disease when what is called for is something yang to balance the system.

Lack of understanding of a patient’s beliefs can cause a patient to lose trust in the practitioner. Innocently complimenting a child without taking the proper measures to counteract “evil eye” is believed by many to cause a baby to become ill, due to implied jealousy. For some Hispanics that involves touching the child when complimenting him, for some Ethiopians, it means spitting at the child, and for some Asian cultures, it takes making the sign of the cross on the child’s forehead using one’s saliva. An American healthcare professional, believing that germs cause disease, may be reluctant to take such measures, and thus can unknowingly alienate a patient.
Religion plays an important role in the lives of many, and religious beliefs will have a significant impact on healthcare behavior. Some patients may refuse medical treatment, believing that God will heal them. Muslims may refuse to plan for death, believing that to do so would challenge the will of Allah. Sikhs may not allow a nurse to prep them for surgery, since their religion forbids the cutting or shaving of any bodily hair. Mormons may refuse to remove their "garment" – the short-sleeved long underwear worn by those who have achieved adult status within the church, and which may be thought to confer God’s protection.

**Actions Speak Louder Than Words**

Differences in non-verbal communication styles can also cause problems. Different cultures have different “personal space” – the amount of space we need between us and another individual in order to feel comfortable. Among Americans, it is generally about 3 feet. Among Middle Easterners it is closer to 2 feet, while among Japanese, approximately 4 feet is the norm. Such differences can leave Americans feeling that Japanese are “cold and distant” while Middle Easterners are “pushy and aggressive. At the same time, Japanese would experience Americans as pushy and aggressive, while Middle Easterners would experience us as cold and distant, all without ever saying a word.

**Time on the Cultural Clock**

Not every culture has the same relationship to time as most Americans. People from agricultural countries may be more attuned to the sun than to the clock on the wall. Prescribing medications to be taken at a specific time (for example, every four hours) may create a problem for those who do not live their life by a clock. In such cases, it may be better to associate medications with specific activities, such as meal times. Also remember that while to a middle class American, 2:00 may mean “big hand on twelve, little hand on two,” to people from non-industrialized countries, it may just mean “sometime in the afternoon.”

On a broader scale, cultures may have a past, present, or future time orientation. Those with a past orientation (e.g., Great Britain, China) tend to prefer tradition remedies and treatments; those with a future time orientation (the United States) generally believe that newer is better, and want the latest treatments and drugs. Other cultures, particularly those of the Third World, are present-oriented. Members may be less likely to utilize preventive health measures reasoning, for example, that there is no point taking a pill for hypertension when they feel fine, especially if the pill is expensive and inconveniently causes unpleasant side effects. They do not look ahead in hopes of preventing stroke or heart attack, or they may feel they will deal with it when it happens. It is also essential that physicians explain why an antibiotic must continue to be taken, even when symptoms have disappeared.

**Achieving Cultural Competence**

There are two keys to achieving cultural competence: attitude and knowledge.

**Attitude:** understanding that different people’s ways of doing things may be different, but equally valid is essential. Anthropologists term this attitude cultural relativism and contrast it with ethnocentrism – the belief that your culture’s way of doing things is the only right way, and that all other ways are inferior. It is important to realize that cultural beliefs and traditions are adaptations to different environmental circumstances, and evolved because they lead to the survival of its members. The healthcare practitioner who tries to understand the beliefs and values of his or her patients will be much more effective than one who merely sees them as strange.

**Knowledge:** knowing something about different cultures’ beliefs, values, and traditions is important. While no one can be expected to know everything about every culture, we can learn something about the most common patterns of the populations we commonly serve, while keeping in mind the fact that there is tremendous variation both within each group, and among individuals.

**Cultural Competency Resource:**
Employees wishing to learn more about a specific culture or religion can access Culture Vision which is located in Mission Hospital Shortcuts.
Interpreter Services

Our mission calls us to "extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of the people in the communities we serve." As the communities served by Mission Hospital continue to increase in ethnic diversity, it is critical that Mission Hospital (Mission Viejo and Laguna Beach campuses) recognize the unique qualities of all individuals. It is our desire to meet the needs of Limited English Proficient (LEP) persons to ensure the provision of compassionate, quality care throughout our healthcare system. An “LEP person” is an individual who does not speak English as his or her primary language and who has a limited ability to speak, read, write or understand the English language, including individuals who are deaf and whose primary language is sign language.

Mission Hospital has adopted guidelines and has developed systems to ensure that LEP persons are receiving quality care and are able to effectively communicate their medical needs and make informed decisions about their care. Adherence to these guidelines will enable Mission Hospital to continue to fulfill its values of Dignity, Excellence, Service and Justice, as well as comply with federal and state law (HHS Office of Civil Rights Title VI Guidelines and California Health and Safety Code Section 1259).

Mission Hospital is required to provide Interpreter Services at no cost to all LEP patients and families that present themselves at the hospital. An Interpreter is defined not only as "a person fluent in English and in the necessary second language, who can accurately speak, read, and readily interpret the necessary second language," but also as one who has "the ability to translate the names of the body parts and to describe competently symptoms and injuries in both languages (California Healthcare Association Consent Manual, Chapter 1, E, 2003)

Mission Hospital Services for Limited English Proficient Patients

In-Person Medical Interpreters
In-Person Medical Interpreters are available at the Mission Viejo campus M-F from 8 AM – 4:30 PM. They can be reached by dialing X2600. In-Person Medical Interpreters should be called when:

- Providing Emergency Medical Services (ER);
- Discussing End of Life Decisions;
- Discussing Advanced Directives (resuscitations, purple wristband, etc.);
- Explaining any Medical Procedures or Surgical Interventions (Pre-Op);
- Explaining any diagnosis and plan for Medical Treatment (cancer, etc);
- Obtaining Medical Histories;
- Obtaining Informed Consent (to avoid misunderstandings);
- Explaining Discharge Instructions;
- Discussing issues at Patient and Family Care Conferences
Tips for Working with an In-Person Medical Interpreter

- Introduce yourself to the interpreter.
- Give the interpreter information regarding the medical encounter.
- Allow the interpreter to communicate to the patient that they will be interpreting during the medical encounter and that anything that is shared will be confidential.
- Do not say anything that you would not want the interpreter to communicate to the patient. The Interpreter is required to interpret anything that is said during the medical encounter.
- Avoid using jargon, slang, technical terms, or complicated sentences.
- Speak at an even pace, pausing to allow interpretation.
- The interpreter may have to create word pictures for terms you use and this may take time.
- The interpreter may provide some cultural context to facilitate communication (e.g., provide background as to why the patient was drinking herbal teas instead of coming directly to the doctor)

Pacific Interpreters Telephonic Interpreter Services

Over-the-phone Medical Interpreters are available in over 200 languages, **24 hours a day, 7 days a week**, 30-second connection time.

**To connect to Pacific Interpreters, follow these steps:**

- Dial the toll-free number:
  - Mission Viejo **1.800.264.1552**
  - Laguna Beach **1.866.425.0217**
- A Customer Service Agent (CSA) will answer. You will need to give them your name and the name of the department you are calling from.
- Pacific Interpreters will ask you for an access code.
  - Mission Viejo Access Code: **829650**
  - Laguna Beach Access Code: **830608**
- Inform the CSA of the language that you need, or ask for help in determining the language.
- Advise the CSA if you need to connect to a third party at another location.
- Inform the CSA of the Patient's Account Number (AV0018... or CV0070...)
- The CSA will put you on hold until the interpreter is on the line.

**Over the phone Interpreters should be used:**

- From 4:30 pm to 8:30 am: When Medical Interpreter Associates (Night Shift) are not available.
- From 8:30 am to 4:30 pm: When basic information needs to be collected (Admissions, simple communication with the patient, etc.). Please use In-Person Interpreters whenever possible for End of Life decisions, Advanced Directives, etc.)
**Interpreter Training Classes**

Medical Interpreter Associate classes are available once a year for qualified Mission Hospital Employees. These classes are meant to teach the basics of Medical Interpreting and Medical Interpreter Healthcare Standards. In order to participate the employee must have worked at least six months at Mission Hospital, be in good standing and have Manager approval. Successful completion of the **Berlitz Spanish Proficiency Assessment** at the C1 or C2 level will also be required.

For more information on these classes please contact:
- Horacio Rodriguez, Manager, Cultural Integration Services at 949.364.1400 X4721 or Horacio.Rodriguez@stjoe.org

**Services for the Deaf and Hearing Impaired**

Mission Hospital has TDD phones available in the ER and with the PBX operator. In-person interpretation services for the deaf and hearing impaired can be accessed by calling:
- Dayle McIntosh Center at **(714) 621-3300**, Monday- Friday 8 AM – 5 PM
- COMMEND for Services after 5 PM, Monday – Friday, Weekends and Holidays **(800) 422-7444**

**Language Identification Bands**

If a patient is determined to be LEP during the admitting process they will be issued a BLUE Language Identification Bracelet. The bracelet has the patient’s primary language and information on how to contact Pacific Interpreters.
Risk Events or Adverse Events that Employees are Required to Report Through the QRE Incident Reporting System

Risk Management Dept Contact information:
- 8am – 4:30pm call ext. 2288 on Mission Viejo Campus
- For after hours, holidays and week-ends, contact the House Supervisor for either campus

It is Mission Hospital’s policy that Medical Staff members, employees and volunteers identify, evaluate and report unusual occurrences or the potential thereof using the Insight Occurrence Reporting System, as soon as possible after the occurrence or when the potential for an occurrence is identified.

Sentinel Events, or possible Sentinel Events are to be reported immediately by phone to the Risk Manager at ext 2288.

The Director/Manager of the Department/Unit where the incident or near miss occurs will document the results of his/her initial investigation in the QRE Reporting System. When more than one department is involved, then the Director/Manager of those Departments/Units will complete their follow-up in the same manner.

- For incidents resulting in **Death or Major Harm and/or Permanent Harm**, Directors/Managers must complete the initial investigation within 48 hours. All incidents of this nature should be reported immediately to the Risk Manager or after hours or on weekends the House Supervisor.
- For events evaluated as resulting in **No Injury or Minor Injury**, the Director/Manager must complete the report within one week of the incident.

**A QRE must be completed for any of the following events:**
- An event that seriously disrupts hospital functions or its ability to provide patient care services
- An event, which is inconsistent with normal patient care.
- Any serious violation of established hospital policies and procedures.
- An unusual occurrence, which results or may result in personal, psychological and/or bodily injury.
- An occurrence that, by standards, was unexpected and/or unintended.
- A stated or inferred intent to sue or threats of legal action.
- Any occurrence involving hostility voiced by or directed at a patient, visitor, employee or family member.
- Any event identified by a staff member that appears to be outside the usual and customary course of practice.
- A near miss event for which a recurrence poses the possibility of a negative outcome for a patient.
- Any adverse event required to be reported pursuant to 1279-1 of the California Health and Safety Code (Title XXII Section: 70737).
- When in doubt – fill it out! Or call Risk Management at ext 2288
ADVERSE EVENTS THAT MUST BE REPORTED TO THE CDPH (Effective January 2010)

The following events are to be reported to the California Department of Health (CDPH)
(California Health and Safety Code – Sections 1279.1; 1279.2 and 1279.3; updated SB541 requirements)

<table>
<thead>
<tr>
<th>Surgical Events</th>
<th>Regardless of outcome</th>
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<tbody>
<tr>
<td></td>
<td>Wrong body part</td>
</tr>
<tr>
<td></td>
<td>Wrong patient</td>
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<td></td>
<td>Wrong procedure</td>
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<tr>
<td></td>
<td>Unintentional retention of foreign object</td>
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<tr>
<td></td>
<td>Unexpected death during surgery or within 24 hours after anesthesia begins; after surgery of a normal, healthy patient (ASA I)</td>
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<table>
<thead>
<tr>
<th>Product or Device Events</th>
<th>Death or serious disability associated with</th>
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<tbody>
<tr>
<td></td>
<td>Use of contaminated drug/device/biologic</td>
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<tr>
<td></td>
<td>Use/function in ways other than intended</td>
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<tr>
<td></td>
<td>Intravascular air embolism (excluding during certain neurosurgical procedures)</td>
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</table>

<table>
<thead>
<tr>
<th>Patient Protection Events</th>
<th>Regardless of outcome</th>
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<tbody>
<tr>
<td></td>
<td>Infant discharged to wrong person</td>
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<table>
<thead>
<tr>
<th>Patient Protection Events</th>
<th>Death or serious disability associated with</th>
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<tbody>
<tr>
<td></td>
<td>Patient disappearance for more than four hours (excluding adults with capacity)</td>
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<tr>
<td></td>
<td>Patient suicide or attempted suicide in the facility</td>
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</table>

<table>
<thead>
<tr>
<th>Care Management Events</th>
<th>Death or serious disability associated with</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Medication error</td>
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<tr>
<td></td>
<td>Administration of ABO-incompatible blood/products</td>
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<tr>
<td></td>
<td>Maternal labor or delivery in a low-risk pregnancy (within 42 days of delivery; excludes amniotic fluid or pulmonary embolism; acute fatty liver of pregnancy; or cardiomyopathy)</td>
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<tr>
<td></td>
<td>Hypoglycemia, onset in hospital</td>
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<tr>
<td></td>
<td>Failure to ID &amp; treat hyperbilirubinemia first 28 days of life</td>
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<tr>
<td></td>
<td>Spinal manipulation at hospital</td>
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</table>

<table>
<thead>
<tr>
<th>Care Management Events</th>
<th>Regardless of outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any Stage 3 or 4 ulcer acquired after admission (unless progression to Stage 3 was from a Stage 2 identified at admission)</td>
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</tbody>
</table>
### Environmental Events

**Regardless of outcome**
- Any incident where line designated for O2 or other gas contains wrong gas or is contaminated by toxic substance

**Death or serious disability associated with**
- Electric shock (excluding planned treatments)
- Burn in facility
- Restraints/bedrails

**Death associated with**
- Fall in facility

### Criminal Events

**Regardless of outcome**
- Care ordered or provided by someone impersonating a licensed health care provider
- Abduction of patient, any age
- Sexual assault of patient

**Death or significant injury**
- Of patient or staff resulting from physical assault

### Privacy Breaches

**Any unlawful - or - unauthorized access to, use, or disclosure of a patient’s medical information:**
- as defined in CMIA and subdivision (g) of §56.05 of the Civil Code including “Medical Information” that is individually identifiable.

### “Catch-all”

- Any adverse event or series of adverse events that causes the death or serious disability of a patient, personnel, or visitor

### Reporting Process

<table>
<thead>
<tr>
<th>Time Limits &amp; Who Reports to CDPH (California Department of Public Health Services)?</th>
<th>Administration Dept of Mission Hospital will communicate directly with the CDPH as necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Within 5 days after event detected.</td>
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<tr>
<td></td>
<td>- OR 24 hours of detection of an ongoing, urgent threat to welfare, health, or safety of patients, personnel, or visitors.</td>
</tr>
<tr>
<td></td>
<td>- $100 civil penalty for every day adverse event is not timely reported (plus possible additional fines).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What Do We Tell the Patient?</th>
<th>Inform the patient of the adverse event or error - and the effect on the patient- as well as treatment option, if any.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who Tells Patient and When?</td>
<td>The “hospital” (physician/ Risk Manager / or other health care team member) will inform patient or responsible party of the adverse event by the time the report is made.</td>
</tr>
<tr>
<td></td>
<td>o In most cases it is better practice to have the doctor convey the information, with a hospital representative present if possible.</td>
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<tr>
<td></td>
<td>o If the doctor is unable to meet the deadline, the hospital will be required to have its representative provide the information.</td>
</tr>
</tbody>
</table>

| What should be Documented? | The patient’s medical record should include documentation that the patient or family was informed of the adverse event (include all present in the room at time of disclosure). |

- Patient’s name, address or phone
- Email or electronic address
- Social Security #
- Driver’s License #
- Other information that could link back to identify the patient

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**Student Orientation Manual**
**Revised: June 2015**
| Is CDPH Coming? When? | If “on-going threat of imminent danger of death or serious bodily harm,” CDPH must do onsite inspection within 48 hours/2 business days
| | o CDPH must complete all investigations in 45 days
| | o CDPH must issue a final report and inform the hospital and (if applicable) the complainant of DHS’ determination
| | -Health and Safety Code
| 1279.2 |

| When/How is Info Made Public? | By 1/1/09, CDPH must make information about substantiated reports and the outcomes of investigations accessible to CA health care consumers and “entities deemed appropriate” by DHS so they can post on their websites
| | o By 1/1/15, that information must be available on CDPH' website
| | -Health and Safety Code
| 1279.3 |
Hand Hygiene

The 4 Principles of Hand Awareness
1. Wash your hands when they are dirty and before eating
2. Cough into your sleeve, Kleenex, crook of your elbow but never a bare hand (the next person or thing you touch, will be contaminated).
3. Sneze into your sleeve, Kleenex or crook of your elbow but never a bare hand (same as above).
4. Keep fingers and hands off your T-Zone which is your eyes, nose or mouth.

Behaviors Leading to Infectious Disease
1. Nose picking and rubbing
2. Eye rubbing
3. Nail biting, finger licking, etc.

Debugging
Debug, or lose the germs, upon entering or leaving the hospital:
1. Wash, wipe or sanitize your hands upon entering the hospital. Don’t bring germs from home, school, or the mall.
2. Wash, wipe or sanitize your hands upon leaving if you do not want to carry any germs from the hospital.
3. Wash your hands upon entering your home to minimize the chance of bringing in germs.

Infection Prevention is in your professionally cleaned hands.
- How to wash (sanitize): Use soap and water for 15 seconds or hand sanitize. Both require rubbing all parts of the hand (see picture).
- When to Wash: before you enter a room or in front of your patient. Let your patient know that you are washing your hands. Wash when you leave the room. If your patient is in isolation, wash before you don and after you doff gloves.

Note: for C.difficile patients only use soap and water as sanitizers are not effective in killing this bug.
Infection Prevention

Purpose:
To provide information on infection prevention and control practices for all employees of Mission Hospital and CHOC Children’s at Mission.

Scope
All Hospital Employees and Volunteers

Outline:

I. Hospital Acquired Infections (HAIs) – Why It’s Important
   A. Data/Statistics: Mission’s HAIs determine where focus/education needs to be for prevention
   B. It’s in the news: How patients are harmed with HAIs and it is publically reported
   C. Patient Safety Movement from the Joint Commission includes how to prevent infections

II. Chain of Infection: Example – Common Cold
   A. Reservoirs: an example is a cold virus that lives in the nose, back of throat, respiratory tract
   B. Routes of Transmission: Using the person that has a cold; if they pick their nose or cough or sneeze in their hand the virus gets out from the reservoir. Whatever that person touches is now contaminated. This is contact transmission. Other routes of transmission include:
      ▪ Airborne
      ▪ Ingestion
      ▪ Vectorborne
   C. Portal of entry or how the organism gets into you: you shake the sick person’s hand and touch your eyes, or nose and inoculate yourself with the virus. It now grows and multiplies.
   D. Susceptible Host: if you are susceptible you will begin to feel ill in 24- 48 hours

III. Interrupting the chain - Infection Prevention and Control
   A. Hand Hygiene
      1. Alcohol hand sanitizers: #1 choice per Center for Disease Control and Prevention (CDC). Rub all 6 sides of your hand quickly
      2. 15 seconds of soap and water, wash all sides of the hands using plenty of friction.
      3. Handwashing with soap and water for patients that have C.difficile as C.difficile is a spore and hand sanitizers do not kill the spore.
      4. Handwashing with soap and water for meal prep personnel — no hand sanitizer
   B. Work Practices
      1. Appropriate barriers: personal protective equipment (gown, glove, mask)
      2. Sharps safety: don’t use a sharp unless you have been taught how (prevent exposure)
      3. Cleanliness/sanitation: no food or drink; do not apply cosmetics, or handle contact lenses in a patient care area (OSHA law).
Waste Disposal Guidelines

4 Sharps waste
   1. “Sharps” includes any device with acute rigid edges or protuberances capable of cutting or piercing including needles, syringes, blades, and needles with attached tubing, broken glass items and items with potential to break which are contaminated with other medical waste.
   2. Must go in a rigid, puncture proof container

5 Biohazardous Waste
   a. Must go in a red bag
   b. Includes recognizable fluid blood or blood products or containers of body fluids and laboratory or pathology waste.
   c. Does not include trash from isolation rooms, items with dried, absorbed blood.

C. Isolation Precaution Guidelines (Accessible on CareNet or G:Drive/Manuals/Shared/Infection Prevention)

1 Airborne Infection Isolation and Precaution — healthcare worker must wear an N95 respirator that has been fit tested. Use for:
   • Pulmonary TB – (suspect or confirmed), Measles
   • Other aerosol transmissible diseases as outlined in the Aerosol Transmissible Disease Standard (ATD Standard) and call Infection Prevention if questions (7575).

2 Airborne plus Contact Precautions — healthcare worker must wear an N95 respirator plus gown and gloves
   • Varicella, (chickenpox)
   • Zoster (shingles)disseminated
   • Zoster (shingles) in an immunocompromised patient
   • Hemorrhagic fever, e.g. Ebola
   • Severe Acute Respiratory Syndrome (SARS)
   • Small pox

3 Powered air purifying respirator (PAPR): trained healthcare workers must wear a PAPR when in a patient’s room where an aerosol transmissible disease will be aerosolized e.g. a TB patient that is having a bronchoscopy.

4 Droplet Precautions — healthcare worker must wear surgical mask, and if you are transporting a patient, put a mask on the patient.
   • Influenza (seasonal) – FLU is very contagious
     • Wear an N95 when performing high hazard procedures (e.g. a bronchoscopy)
   • Neisseria meningitis (meningococcus) meningitis or sepsis
   • Diphtheria (pharyngeal)
   • Mycoplasma pneumonia
   • Pertussis
   • Haemophilus influenzae meningitis
   • Mumps
   • Rubella
   • Parvovirus B19
   • Pneumonic Plague
   • SARS
Infants/young children (< 6 years):
- Group A Strep pharyngitis, pneumonia or scarlet fever

5 Contact Precautions – healthcare worker must wear gown and gloves
- MDROs (Multi-Drug Resistant Organisms (such as MRSA, VRE, ESBL, CRE and others named by Infection Prevention Committee)
- Clostridium Difficile (note only use soap and water to clean hands, no hand sanitizer)
- RSV
- Parainfluenza
- Herpes simplex, neonatal or severe
- Highly contagious skin infections (i.e., scabies, lice, impetigo, localized
- Herpes zoster, aka shingles)
- Smallpox, Vaccinia (from Vaccine)
- SARS

Infant/< 6 years, anyone diapered incontinent (others use Standard):
- Enteroviris (viral meningitis)
- Hepatitis A, Rotavirus, Shigella, Giardia, other gastroenteritis

D. OSHA – Exposure Control Plans (Accessible on CareNet or G:Drive/Manuals/Shared/Infection Prevention).

A. Bloodborne Pathogen Exposure Control Plan: How to protect employees from exposure. The plan covers:
- HIV (Human Immunodeficiency Virus)
- Hepatitis B, C, and others
- Exposure hazards
- Preventing exposure
- Safety Devices
- Exposure evaluation and follow-up (prophylaxis)
- Confidentiality
- Reporting all hazards and incidents
- Vaccination

B. Tuberculosis Control Plan: (Accessible on CareNet or G:Drive/Manuals/Shared/Infection Prevention). How to protect employees from exposure. The plan includes:
- Transmission
- Signs and symptoms
- Diagnosis – when to be suspicious of TB
- Risk for TB including ethnicity, country of origin
- Latent infection: Positive skin test no signs and symptoms
- Active Infection: Symptoms
  - < 10% latent become active during lifetime
- Fit Testing for N95 required for all employees with potential for exposure
C. Aerosol Transmissible Disease (ATD) Exposure Plan: How to protect employees from exposure (Accessible on CareNet or G:Drive/Manuals/Shared/Infection Prevention). The plan includes:
- Definitions of ATDs
- Management of patients with ATDs
- Use of N95 respirators for healthcare workers
- Use of powered air purifying respirators (PAPRs) for healthcare workers
- Post exposure management of employees

IV. Your role in the Infection Prevention Program
A. All healthcare workers (as circumstances dictate)
   2. And please leave your personal hand lotions and creams at home and use the ones provided by the hospital.
B. Clinical Personnel (as circumstances dictate)
   1. In addition to the above, Isolation, Linen, Sterile Supplies, Aseptic and Sterile Technique, Sterilization and Disinfection, Uniforms/Scrubs.

Infection Prevention, it’s in your hands.
- Call Infection Prevention office at 365-2419 or ext. 7575 with questions

MRSA
The following information on MRSA is included in this packet as the number one reason patients in Mission Hospital are placed in isolation is because of this pathogen.
As of January 2009 “Niles” law requires hospitals to screen certain groups of patients for MRSA within 24 hours of admission. The patient criteria include:
- Any patient admitted from a skilled nursing facility or board and care
- Any patient readmitted to Mission Hospital or CHOC Children’s at Mission within 30 days
- Any patient admitted or transferred into an intensive care unit
- Any patient receiving dialysis
- Any patient with an open wound, abscess or boil
- Any patient with previous history of MRSA, (unless cleared by Infection Prevention)
- Patients scheduled for the following surgeries:
  - Cardiac cases with retained hardware
  - Ortho cases hips or knees with retained hardware
  - Spine cases with retained hardware
  - Patients requiring a VP shunt
While waiting for the patient’s screening result, the patient does not need to be in isolation unless the patient has a previous history of MRSA that has not been cleared by the hospital Infection Prevention Department. If a preliminary culture or screening result is positive for Staphylococcus aureus, the patient may be placed in MRSA isolation pending the final sensitivity result.

A positive MRSA result must be communicated to the patient or patient representative as soon as possible by the attending physician. This is a CA Health & Safety Code.

1. A patient who tests positive for MRSA shall, prior to discharge, receive oral and written instruction regarding aftercare and precautions to prevent the spread of infection to others.

2. Patient Information for MRSA is available on Krames on Demand, or call Infection Prevention at ext. 7575.

**Questions and Answers**

**What is Staphylococcus aureus (staph)?**

Staphylococcus aureus, often referred to simply as “staph,” are bacteria commonly carried on the skin or in the nose of healthy people. Approximately 25% to 30% of the population is colonized (when bacteria are present, but not causing an infection) in the nose with staph bacteria. Sometimes, staph can cause an infection. Staph bacteria are one of the most common causes of skin infections in the United States. Most of these skin infections are minor (such as pimples and boils) and can be treated without antibiotics (also known as antimicrobials or antibacterials). However, staph bacteria also can cause serious infections (such as surgical wound infections, bloodstream infections, and pneumonia).

**What is MRSA (Methicillin-resistant Staphylococcus aureus)?**

Some staph bacteria are resistant to antibiotics. MRSA is a type of staph that is resistant to antibiotics called beta-lactams. Beta-lactam antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin. While 25% to 30% of the population is colonized with staph, approximately 1% is colonized with MRSA.

**Who gets staph or MRSA infections?**

Staph infections, including MRSA, occur most frequently among persons in hospitals and healthcare facilities (such as nursing homes and dialysis centers) who have weakened immune systems. These healthcare-associated staph infections include surgical wound infections, urinary tract infections, bloodstream infections, and pneumonia.

**What is community-associated MRSA (CA-MRSA)?**

Staph and MRSA can also cause illness in persons outside of hospitals and healthcare facilities. MRSA infections that are acquired by persons who have not been recently (within the past year) hospitalized or had a medical procedure (such as dialysis, surgery, catheters) are known as CA-MRSA infections. Staph or MRSA infections in the community are usually manifested as skin infections, such as pimples and boils, and occur in otherwise healthy people. Sometimes it looks like a spider bite.

**How common are staph and MRSA infections?**

Staph bacteria are one of the most common causes of skin infection in the United States and are a common cause of pneumonia, surgical wound infections, and bloodstream infections. The majority of MRSA infections occur among patients in hospitals or other healthcare settings; however, it is becoming more common in the community setting. Data from a prospective study in 2003, suggests that 12% of clinical MRSA infections are community-associated, but this varies by geographic region and population.
What does a staph or MRSA infection look like?

Staph bacteria, including MRSA, can cause skin infections that may look like a pimple, boil or spider bite and can be red, swollen, painful, or have pus or other drainage. More serious infections may cause pneumonia, bloodstream infections, or surgical wound infections.

Are certain people at increased risk for community-associated staph or MRSA infections?

CDC has investigated clusters of CA-MRSA skin infections among athletes, military recruits, children, Pacific Islanders, Alaskan Natives, Native Americans, men who have sex with men, and prisoners.

Factors that have been associated with the spread of MRSA skin infections include: close skin-to-skin contact, openings in the skin such as cuts or abrasions, contaminated items and surfaces, crowded living conditions, and poor hygiene.

How can I prevent staph or MRSA skin infections?

Practice good hygiene:

1. Keep your hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer.
2. Keep cuts and scrapes clean and covered with a bandage until healed.
3. Avoid contact with other people’s wounds or bandages.
4. Avoid sharing personal items such as towels or razors.

Are people who are positive for the human immune deficiency virus (HIV) at increased risk for MRSA? Should they be taking special precautions?

People with weakened immune systems, which include some patients with HIV infection, may be at risk for more severe illness if they get infected with MRSA. People with HIV should follow the same prevention measures as those without HIV to prevent staph infections, including practice good hygiene, cover wounds (e.g., cuts or abrasions) with clean dry bandages, avoid sharing personal items such as towels and razors, and contact their doctor if they think they have an infection.

Can I get a staph or MRSA infection at my health club?

In the outbreaks of MRSA, the environment has not played a significant role in the transmission of MRSA. MRSA is transmitted most frequently by direct skin-to-skin contact. You can protect yourself from infections by practicing good hygiene (e.g., keeping your hands clean by washing with soap and water or using an alcohol-based hand rub and showering after working out); covering any open skin area such as abrasions or cuts with a clean dry bandage; avoiding sharing personal items such as towels or razors; using a barrier (e.g., clothing or a towel) between your skin and shared equipment; and wiping surfaces of equipment before and after use.

What should I do if I think I have a staph or MRSA infection?

See your healthcare provider.

Are staph and MRSA infections treatable?

Yes. Most staph and MRSA infections are treatable with antibiotics. If you are given an antibiotic, take all of the doses, even if the infection is getting better, unless your doctor tells you to stop taking it. Do not share antibiotics with other people or save unfinished antibiotics to use at another time.

However, many staph skin infections may be treated by draining the abscess or boil and may not require antibiotics. Drainage of skin boils or abscesses should only be done by a healthcare provider.

If after visiting your healthcare provider the infection is not getting better after a few days, contact them again. If other people you know or live with get the same infection tell them to go to their healthcare provider.
Is it possible that my Staph or MRSA skin infection will come back after it is cured?
Yes. It is possible to have a staph or MRSA skin infection come back (recur) after it is cured. To prevent this from happening, follow your healthcare provider’s directions while you have the infection, and follow the prevention steps after the infection is gone.

If I have a staph, or MRSA skin infection, what can I do to prevent others from getting infected?
You can prevent spreading staph or MRSA skin infections to others by following these steps:

1. **Cover your wound.** Keep wounds that are draining or have pus covered with clean, dry bandages until healed. Follow your healthcare provider's instructions on proper care of the wound. Pus from infected wounds can contain staph, including MRSA, so keeping the infection covered will help prevent the spread to others. Bandages and tape can be discarded with the regular trash.

2. **Clean your hands.** You, your family, and others in close contact should wash their hands frequently with soap and water or use an alcohol-based hand sanitizer, especially after changing the bandage or touching the infected wound.

3. **Do not share personal items.** Avoid sharing personal items, such as towels, washcloths, razors, clothing, or uniforms that may have had contact with the infected wound or bandage. Wash sheets, towels, and clothes that become soiled with water and laundry detergent. Use a dryer to dry clothes completely.

4. **Talk to your doctor.** Tell any healthcare providers who treat you that you have or had a staph or MRSA skin infection.

What should I do if someone I know has a staph or MRSA infection?
If you know someone that has a staph or MRSA infection you should follow the prevention steps.

Please go to [www.cdc.gov](http://www.cdc.gov) for additional information on MRSA.

Content source:
Division of Healthcare Quality Promotion (DHQP)
National Center for Preparedness, Detection, and Control of Infectious Diseases
<table>
<thead>
<tr>
<th>ISOLATION TYPE</th>
<th>STANDARD</th>
<th>AIRBORNE</th>
<th>DROPLET</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISEASE EXAMPLES</td>
<td>Standard Precautions apply to all patients receiving care in the hospital regardless of their diagnosis or infection status. It applies to blood, body fluids, secretions, excretions, and contaminated items.</td>
<td>Aerosolizable spore-containing powder (Anthrax) Avian Influenza Varicella disease: chickenpox or shingles Measles Monkeypox Novel pathogens Smallpox SARS (severe acute respiratory syndrome) Tuberculosis (TB): suspect /confirmed Varicella zoster or Herpes zoster disseminated in any pt. and localized in an immunocompromised pt.</td>
<td>Diphtheria (pharyngeal) Group A Strep Haemophilus influenzae type b Influenza—FLU Meningitis Mumps Mycoplasma pneumonia Neisseria meningitidis Pertussis Parvovirus B19 Pneumonic Plague Rubella Streptococcus pneumoniae Viral hemorrhagic fever <strong>Infants/young children (&lt;6 years):</strong> Pharyngitis (Herpes simplex virus) Scarlet fever</td>
<td>Resistant Bacteria: MRSA, VRE, ESBL, R. Acinetobacter, R. Pseudomonas, KPC or others per Inf. Prev. Com. C. difficile (see below) RSV Parainfluenza, Metapneumovirus Herpes simplex (neonatal or if severe) Highly contagious skin infections (e.g. scabies, lice, impetigo) Vaccinia (from Smallpox Vaccine) Varicella zoster or Herpes zoster (aka shingles) localized in an immunocompetent pt. <strong>Infants or anyone diapered incontinent (others use Standard):</strong> Enteroviral infections (viral meningitis) Hepatitis A, Rotavirus, Shigella, Giardia, other gastroenteritis</td>
</tr>
<tr>
<td>PRIVATE ROOM</td>
<td>No (except for neutropenic or transplant patients)</td>
<td>Yes - door closed. Keep room vacant 1 hr post dc of infectious patient to allow for air exchanges</td>
<td>Preferred. Okay to cohort. Terminal clean at dc of isolation is required.</td>
<td>Preferred. Okay to cohort (e.g. MRSA with same sensitivity). Terminal clean required at dc of isolation.</td>
</tr>
<tr>
<td>NEGATIVE PRESSURE</td>
<td>No</td>
<td>Yes – Check for green light (Mission). Monitor daily.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>HAND HYGIENE (soap &amp; water or alcohol rub)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes. Note: Alcohol rub is ineffective for C. difficile – use soap and water only.</td>
</tr>
<tr>
<td>GLOVES</td>
<td>Yes, if you are going to be in contact with body substances.</td>
<td>Yes, if you are going to be in contact with body substances.</td>
<td>Yes, if you are going to be in contact with body substances.</td>
<td>Yes. Our policy is to don gloves before entering the pts room.</td>
</tr>
<tr>
<td>GOWN</td>
<td>Yes if you expect to be in contact with body substances.</td>
<td>Yes if you expect to be in contact with body substances.</td>
<td>Yes if you expect to be in contact with body substances.</td>
<td>Yes. Our policy is to don a gown before entering the pts room.</td>
</tr>
<tr>
<td>MASK</td>
<td>If pt is coughing and you don't know why.</td>
<td>N95 fit tested respirator.</td>
<td>Yes, regular mask N95 for high risk procedures</td>
<td>Yes but only if pathogen in respiratory (sputum or bronch) secretions</td>
</tr>
<tr>
<td>Positive Air Purifying Respirator (PAPR)</td>
<td>No</td>
<td>Yes, when performing high risk procedures (e.g. sputum induction, bronch, intubation) See ATD Policy.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>GOOGLES/FACE SHIELD</td>
<td>Protect face and eyes if a splash is likely.</td>
<td>Protect your face and eyes if exposure from splash likely. Required for SARS.</td>
<td>Protect your face and eyes if exposure from pt's sputum is likely.</td>
<td>Protect your face and eyes if a splash is likely.</td>
</tr>
<tr>
<td>DEDICATED EQUIPMENT Thermometer; Stethoscope;</td>
<td>No.</td>
<td>Yes. Leave stethoscope in room. If you use your own, clean in-between pts with alcohol swab.</td>
<td>Yes. Leave stethoscope in room. If you use your own, clean in-between pts with alcohol swab.</td>
<td>Yes. Leave stethoscope in room. If you use your own, clean in-between pts with alcohol swab.</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>Clean gown for patient Cover all open wounds</td>
<td>Only immune personnel should care for pts with chicken pox or measles. No mask is required if immune.</td>
<td>Only immune personnel should care for pts with mumps or rubella. No mask is required if immune.</td>
<td>C. difficile pts are placed in “Contact Precautions – Soap and Water Only” Bleach wipes used in C. diff rooms. Use after cleaning with Sanimaster.</td>
</tr>
</tbody>
</table>
Title: Isolation: Standard Precautions

I. PURPOSE: Prevention and control of colonization and infection of patients and all other persons in Mission Hospital and Children's Hospital at Mission.

II. RESPONSIBILITY: Infection Prevention Manager

III. SCOPE: All hospital departments of Mission Hospital and Children's Hospital at Mission

IV. KEY WORDS: N/A

V. DEFINITIONS: N/A

VI. PROCEDURE / GUIDELINES

A. Standard Precautions - Standard Precautions apply to all patients receiving care in the hospital regardless of their diagnosis or presumed infection status.

B. Standard Precautions apply to (1) blood; (2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; (3) non-intact skin; and (4) mucous membranes. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

C. Hand hygiene – (1) Wash hands before and after patient care contact, after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites. (2) Use hospital approved soap when handwashing. (3) Use of an antimicrobial agent or a waterless antiseptic agent (alcohol rub) is encouraged for specific circumstances (see policy “Antiseptics, Disinfectants and Handwashing Agents”, Infection Prevention Manual).

D. Artificial fingernails are not allowed in staff providing direct hands-on patient care.

E. Gloves - Wear gloves (clean, nonsterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and nonintact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient. Wash hands immediately to avoid transfer of microorganisms to other patients or environments.

F. Mask, Eye Protection, Face Shield - Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

1. Respiratory etiquette is part of Standard Precautions. Under the Respiratory Etiquette concept everyone should cover their cough or sneeze including staff, visitors and patients if possible. Hand
hygiene agents and masks or tissues are provided at the entrances to the hospital for visitors, with instructions on how and why they should be used.

G. Gown - Wear a gown (a clean, nonsterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments.

H. Patient-Care Equipment - Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately. Ensure that single-use items are discarded properly.

I. Environmental Control – Ensure adequate cleaning and disinfecting procedures are used for environmental surfaces, beds, bedrails, bedside equipment, and other frequently touched surfaces.

J. Linen - Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing and that avoids transfer of microorganisms to other patients and environments.

K. Occupational Health and Bloodborne Pathogens - Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Never recap used needles, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers, which are located as close as practical to the area in which the items were used. Place reusable sharps in a puncture-resistant container for transport to the reprocessing area. Sharps containers will be replaced when three fourths full. Whenever available, use devices designed to prevent needlesticks (engineering controls) as provided (see Bloodborne Pathogen Exposure Control Plan).

L. Mouth pieces, resuscitation bags or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.

M. Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas in which there is a reasonable likelihood of occupational exposure. These practices must be limited to designated areas, e.g. staff lounge).

1. Mission Hospital and CHOC Children’s at Mission Infection Prevention Committee have determined that the area immediately outside a patient’s room represents a very small risk for bloodborne pathogen exposure (standard precautions dictate that employees wash before and after contact with the patient or the patient’s environment).

2. Covered drinks may be consumed in these areas.

3. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or OPIM
N. Specimen Collection: Disposable gloves should be used when collecting specimens. Care should be taken when collecting specimens to avoid contamination of the outside of the container and the accompanying lab form. All specimens of blood and body fluids must be placed in a well-constructed container with a secure lid, sealed to prevent leakage, and then placed in an impervious, clear plastic bag for transport. If the outside of the container is visibly contaminated, it should be cleaned and disinfected.

O. If personal clothing becomes contaminated with blood or body fluids which require the clothing to be changed, the person should be directed to environmental services. Temporary scrubs will be issued.

P. Gloves, gowns, resuscitation equipment and other personal protective equipment in patient rooms must be restocked as needed by department personnel.

Q. Patient Placement - Place a patient who contaminates the environment or who does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control in a private room. If a private room is not available, consult with Infection Prevention regarding patient placement or other alternatives.

R. Immunocompromised Patients - Immunocompromised patients are at increased risk for bacterial, fungal, parasitic, and viral infections from both endogenous and exogenous sources. The use of Standard Precautions for all patients and Transmission-Based Precautions for specified patients, should reduce the acquisition by these patients of institutionally acquired bacteria from other patients and environments. Negative pressure isolation rooms are less desirable for these patients unless Airborne Isolation is needed (see Protective Isolation Policy).

VII. REFERENCES:

A. California Occupational Health Administration (Cal-OSHA)  
Bloodborne pathogens regulation, 1/99

B. Centers for Disease Control and Prevention (CDC),  
Hospital Infection Control Practices Advisory Committee (HICPAC),  
Guideline for Isolation Precautions in Hospitals, 1/96

C. Centers for Disease Control and Prevention (CDC),  
Hospital Infection Control Practices Advisory Committee (HICPAC),  
Guideline for Prevention of Nosocomial Pneumonia, 9/94

D. CDC – Guidelines for Hand Hygiene, November, 2002

E. CDC – SARS website

VIII. COMMITTEE APPROVAL:

1. Infection Prevention Committee for CHM and MHRMC
OSHA’s Exposure Control Plans

Staff Fact Sheet
OSHA (Occupational Safety and Health Administration) has developed regulations to protect the healthcare worker while at work. These regulations are in effect to eliminate or minimize occupational exposure to Hepatitis B virus (HBV), Hepatitis C (HCV), Human Immunodeficiency Virus (HIV), other bloodborne pathogens, tuberculosis and other aerosol transmissible diseases. The regulations require that the hospital develop written Exposure Control Plans designed to protect healthcare workers.

Mission’s Bloodborne Pathogen Exposure Control Plan, Tuberculosis Exposure Control Plan, and the Aerosol Transmissible Disease Control Plans describe how the hospital provides a safe workplace with regards to these pathogens. They cover the physical facility, work practices, and other areas of working in healthcare. The exposure control plans also require that staff be informed and educated annually so they can contribute to the reduction or elimination of exposure risk.

Employers are mandated to provide personal protective equipment (gloves, gowns, masks, respirators etc) and sharps safety devices for staff and maintain a safe work environment using equipment designed for safety. Staff must follow these safe work practices and use safety equipment. Non-compliance by the hospital or staff could result in fines.

The regulations require that the employer ensure that the staff uses appropriate personal protective equipment. Staff must exercise their professional judgment in making decisions related to use of personal protective equipment and their risk for exposure and understand they may be asked to explain the reason for their course of action.

It is the intent of Mission Hospital and CHOC Children’s at Mission to be in full compliance with these regulations. A copy of the OSHA regulations can be obtained by contacting the Infection Prevention Department.

The exposure control plans are found in the Infection Prevention Manual on the CareNet or in Mission Shortcuts, under Lucidoc. If you have any questions, concerns, or suggestions regarding the OSHA standards, the staff exposure control plans, or personal protective equipment, please contact the Infection Prevention Manager or the Occupational Health Nurse. Infection Prevention number is 949-365-2419, or X 7575. Occupational Health extension is 7374.

Bloodborne Pathogens
Bloodborne pathogens are those pathogenic (disease causing) microorganisms that are present in human blood. They include but are not limited to HIV, HBV, and HCV.

Transmission of bloodborne pathogens occurs when infected fluids from one person enter the body of another person through needlestick injuries, cuts, scrapes and other breaks in the skin, splashes into the mouth, nose, or eyes, oral, vaginal or anal sex, or by sharing infected drug needles. Pregnant women who are infected with these pathogens can pass them to their babies.

HIV is the human immunodeficiency virus, which causes AIDS. HIV attacks the immunesystem, making the body less able to fight off infections, tumors, and other illness. In previous years, HIV infection eventually proved fatal, but new medications are increasing the potential for a long, relatively healthy life.

The very first symptoms of HIV infection (within 3 - 6 months of infection) can vary, but often include weakness, fever, sore throat, nausea, headaches, diarrhea and other “flu-like” symptoms. These resolve, and until the immune system is much weakened (which takes years in most cases), there are no other symptoms.

AIDS is a name for a group of unusual infections and cancers that develop in the presence of this immune suppression caused by the HIV virus. These might include Pneumocystis carinii pneumonia, disseminated
shingles, CMV infections, lymphoma, and many others. They are also at increased risk of developing active tuberculosis. Each case of AIDS presents in its own unique way and not all AIDS patients acquire the same infections or cancers. What they have in common is that they have HIV and that their immune system is under attack.

The good news is that very potent medications are making the lives of HIV infected persons healthier. These same medications are given to healthcare workers if they are exposed to HIV. There is no HIV vaccine.

**HBV** is the hepatitis B virus. This virus attacks the liver. HBV can cause:

- **Active hepatitis B** which is a flu-like illness that can last for months. Hepatitis symptoms include fatigue, possible stomach pain, loss of appetite, and nausea. As the disease continues to develop, jaundice (a distinct yellowing of the skin and eyes) and darkened urine will often occur. However, some persons become infected without any symptoms. The incubation period is 45 - 180 days.

- **Chronic HBV carrier state** in which the person may have no symptoms, but can pass HBV to others. The virus does not go away as it does with most people. These persons are most likely to develop severe liver disease such as cirrhosis or liver cancer.

The good news is that the Hepatitis B vaccine is very effective. The vaccine is given in a series of 3 injections and is available free of charge through the staff health office. There is no need for a booster if you have documented antibodies from the vaccine. **Hepatitis B vaccine is strongly recommended for all healthcare workers with potential exposure to sharps, body substances, or patients.**

**HCV** is the hepatitis C virus. The symptoms of hepatitis C are the same as for hepatitis B. The incubation period for hepatitis C is 6 - 7 weeks, and many people with acute infection develop chronic HCV infection and have the potential for transmission of HCV to others. Hepatitis C can lead to liver failure.

Unfortunately, there is no vaccine for Hepatitis C, nor is there any routine recommendations for medication that can be taken after exposure to prevent infection. **Excellent adherence to Standard Precautions is essential.**

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**FOR FURTHER INFORMATION, SEE INFECTION PREVENTION MANUAL IN MISSION SHORTCUTS UNDER LUCIDOC**

"BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN"
Tuberculosis (Tb) Fact Sheet

Tuberculosis (TB) is a disease that is spread from person to person through the air. TB continues to be a public health problem with over 14,000 cases reported annually in the United States. Although TB occurs in all segments of the population, high risk groups include:

- Persons with HIV infection
- Persons in close contact with infectious TB cases
- Persons with medical conditions which increase TB risk
- Foreign-born persons from high prevalence countries
- Low income populations
- Alcoholics and IV drug users
- Residents of long-term care facilities (including prisons)

TRANSMISSION occurs when there is exposure to the TB bacilli (germ) by airborne droplets that get into the air when persons with active TB of the lung or larynx cough, sneezes or laughs. (Example: An infectious person with TB sneezes and you inhale the droplets. You have been exposed; however, this does not mean you will develop TB disease). TB can also affect other parts of the body such as the brain, kidneys or spine.

TB DISEASE: People with TB disease have the TB bacilli germ, and have signs and symptoms of Tuberculosis. Infection can be transmitted to others. Medications such as Isoniazid (INH), Rifampin, Ethambutol, and Pyrazinamide (PZA) which can treat TB are prescribed. Permanent body damage and death can result from the disease if left untreated.

INACTIVE OR LATENT TB: People with inactive or latent TB (without disease) have the germ that causes TB, but the germ lies inactive in the body, there are no signs and symptoms. A person with latent TB cannot spread the disease to others. Disease may develop in the future, especially if they are in one of the high risk groups. Medication (INH) may be recommended for 6-12 months to prevent TB disease from developing later.

INFECTIOUS AGENT: Mycobacterium tuberculosis.

INCUBATION: Approximately 4-12 weeks.

SYMPTOMS of TB disease may include chronic cough, malaise (tired all the time), weight loss, weakness, loss of appetite, coughing up blood, fever and/or night sweats. Other symptoms depend on the particular part of the body affected.

ISOLATION: Airborne Isolation is required with a private room utilizing negative air pressure, and doors and windows must remain closed.

RESPIRATORY PROTECTIVE EQUIPMENT: A fit tested N-95 respirator must be used by the healthcare worker when entering an isolation room which is occupied or has been occupied within the past hour by a suspect or confirmed infectious TB case. See ATD plan for additional respiratory protective equipment.

TUBERCULIN SKIN TEST is provided to all staff on hire (if previous skin test negative) and annually thereafter. A reaction of 5 mm or more of induration is considered positive if staff (1) had close recent contact with an infectious case of TB, (2) chest x-ray is consistent with TB, (3) is immunosuppressed, or (4) is a member of a group at high risk for HIV infection. A reaction of 10mm or more of induration should be considered positive in all other persons.

MULTI-DRUG RESISTANT TB (MDR-TB): An infectious TB which is resistant to treatment with INH or Rifampin, MDR-TB is on the increase, especially in HIV positive, homeless, IV drug users, individuals with inadequate/incomplete treatment or exposures to people with MDR-TB.

TB EXPOSURE CONTROL PLAN: This plan is required by Cal OSHA and CDC to protect all individuals from exposure to TB in the health care setting.

FOR FURTHER INFORMATION, SEE INFECTION PREVENTION MANUAL IN MISSION SHORTCUTS UNDER LUCIDOC

"TB EXPOSURE CONTROL PLAN"
Aerosol Transmissible Diseases (ATD)

The following diseases are considered to be airborne infectious diseases as outlined in the standard and must be managed in a manner outlined in the hospital ATD Exposure Control Plan.

- Aerolizable spore-containing powder or other substance that is capable of causing serious human disease, e.g. Anthrax/Bacillus anthracis
- Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans)
- Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient. Localized disease in immunocompromised patient until disseminated infection ruled out
- Measles (rubella)/Measles virus
- Monkeypox/Monkeypox virus
- Novel or unknown pathogens
- Severe acute respiratory syndrome (SARS)/SARS-associated coronavirus (SARS-CoV)
- Smallpox (variola)/Variola virus (see vaccinia for management of vaccinated persons)
- Tuberculosis (TB)/Mycobacterium tuberculosis -- Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected
- Any other disease for which the CDC or CDPH recommends airborne infection isolation

Transmission of aerosol transmissible pathogens occurs through dissemination of airborne droplet nuclei, small particle aerosols or dust particles containing the infectious agent. Once aerosolized these particles may be inhaled by a person.

Signs and symptoms of an ATD depend on the pathogen. Anytime an employee has been exposed to an aerosol transmissible pathogen, Occupational Health should be consulted so the employee may be made aware of incubation time, signs and symptoms to watch for, specific vaccines to be administered if indicated, and follow up needed. Not all exposures require prophylaxis; all exposures should be reported to Occupational Health.

Isolation for ATD: Airborne Isolation is required with a private room utilizing negative air pressure. Doors and windows must remain closed. Room remains empty for hour post discharge.

Respiratory Protective Equipment: A fit tested N-95 respirator must be used by the healthcare worker when entering an isolation room which is occupied or has been occupied within the past hour by a suspect or confirmed ATD. N-95s are used once and discarded.

Use of PAPRs: High hazard procedures, or those procedures in which the potential for being exposed to aerosol transmissible pathogens is increased due to the reasonably anticipated generation of aerosolized pathogens, require the healthcare worker to use a powered air purifying respirator (PAPR). These procedures include: sputum induction, bronchoscopy, autopsy, and intubation. Fit testing is not required for a PAPR however, orientation to the equipment, cleaning and storage of the PAPR is necessary.

Surge: In the event of a surge of patients with aerosol transmissible diseases, the hospital’s emergency management system is activated. Depending on the needs of the patient, i.e. emergency room visit and discharge, or admission to the hospital, the hospital is prepared to respond to an influx.

For further information, see Infection Prevention Manual in Mission Shortcuts under lucidoc "Aerosol Transmissible Diseases Exposure Control Plan" and/or www.dir.ca.gov/Title85199.html

Please call Infection Prevention at 949-365-2419 or ext. 7575 for any questions, concerns or input to any of the exposure plans.
Occupational Health

Lori Caldwell, RN / Susan Huff, RN / Melissa San Pedro, RN

Occupational Health Hours (MV Campus)
- Monday through Friday: Day Shift – Medical Office Building #3 Ste., 446
- Extension 7374: Occupational Health Nurse or Voicemail
- Extension 7376, 7375: Work Injury Report and Follow-Up
- From Outside: 949.364-1400 ext 7375

Occupational Health Hours (Laguna Beach Campus)
- Tuesday & Thursday: 7:30am – 4pm Occupational Health Office – Basement Level
  (949) 499-7297 or x7297

Services Available

- Employee Safety: Daily warm-up exercises keep muscles toned!
- Accident Reporting: Notify Your Supervisor Immediately!
  Complete Work Injury Illness Packet
  Notify Occupational Health Mission Viejo
  (x7376 or x7375 - After hours, report to the ER)
- Blood/Body Fluid Exposures: Notify Your Supervisor Immediately
  Complete Body Fluid Exposure Packet
  Notify Occupational Health Mission Viejo
  (x7376 for x7375 - After hours, report to the ER)

TAKE CARE OF YOURSELF! BE HEALTHY AND SAFE!
OUR EMPLOYEE’S/STUDENT’S ARE OUR MOST VALUABLE RESOURCE!
Accident Reporting

- Notify your supervisor.
- Notify Occupational Health
- Complete accident form immediately and thoroughly for all incidents
- Supervisor accident investigation done to prevent further injuries.
- To clean up spills notify EVS (Environmental Services) or “711” for large spill
- To repair malfunctioning equipment, notify BioMedical Engineering or Facilities.
- Mission Hospital/Children’s Hospital at Mission Safety Committee reviews injuries to prevent and provide a safe work environment for all employees.

Needlestick/Body Fluid Exposure

- Notify your supervisor immediately
- Notify Occupational Health right away (extension 7375)
- Ask the charge nurse for bloodborne information on the source patient. Is the patient high risk?
- Report to the Emergency Room Triage Nurse or Employee Health Nurse immediately. Don’t wait!
- Complete required information forms on employee and source/patient from the packet and leave in ER for Employee Health.
- See the ER physician for quick evaluation on whether immediate HIV medications are needed.
- Priority #1: **Source/Patient Labs** (form in Exposure Packet):
  - Have charge nurse obtain HIV signed consent within 30 minutes of exposure
  - Send the patient HIV consent and lab requisition or blood tube via pneumatic tube system to lab.
- Employee Lab form in Exposure Packet:
  - Blood will be drawn in ER or go to Outpatient Testing after source/patient has been drawn first.
- Follow-up with Occupational Health at (x7374).
- Schedule Hepatitis B vaccination in Occupational Health (x7374) within three (3) days.
- Be careful with sharps! Your safety depends on it!
What You Need To Know About Musculoskeletal Disorders (MSDs)

In keeping with our values, Mission Hospital is committed to providing a safe work environment for employees. The purpose of our Ergonomics Program is to reduce the risk of work-related musculoskeletal disorders (MSDs) through early recognition of symptoms, early intervention and corrective action. If you are experiencing any discomfort associated with your work environment, please report them immediately to your Manager to facilitate early intervention and remediation of symptoms.

Musculoskeletal Disorders (MSDs)

Ergonomics is the science of fitting jobs to the people who work in them. The goal of an ergonomics program is to reduce work-related musculoskeletal disorders (MSDs) developed by workers when a major part of their jobs involve reaching, bending over, lifting heavy objects, using continuous force, working with vibrating equipment and doing repetitive motions.

What are signs and symptoms of MSDs that you should watch out for?

Workers suffering from MSDs may experience less strength for gripping, less range of motion, loss of muscle function and inability to do everyday tasks. Common symptoms include:

- **Painful Joints**
- **Pain, tingling or numbness in hands or feet**
- **Shooting or stabbing pains in arms or legs**
- **Swelling or inflammation**
- **Pain in wrists, shoulders, forearms, knees**

What are MSDs?

MSDs are injuries and illnesses that affect muscles, nerves, tendons, ligaments, joints or spinal discs. Your doctor might tell you that you have one of the following common MSDs:

- Carpal tunnel syndrome
- Trigger finger
- Tendinitis
- Herniated spinal disc
- Epicondylitis
- Tension neck syndrome
- Rotator cuff syndrome
- Sciatica
- Raynaud’s phenomenon
- Low back pain
- Carpet layers’ knee
- De Quervain’s disease

What causes MSDs?

Workplace MSDs are caused by exposure to the following risk factors:

- **Repetition.** Doing the same motions over and over again places stress on the muscles and tendons. The severity of risk depends on how often the action is repeated, the speed of the movement, the number of muscles involved and the required force.

- **Forceful Exertions.** Force is the amount of physical effort required to perform a task (such as heavy lifting) or to maintain control of equipment or tools. The amount of force depends on the type of grip, the weight of an object, body posture, the type of activity and the duration of the task.

- **Awkward Postures.** Posture is the position your body is in and affects muscle groups that are involved in physical activity. Awkward postures include repeated or prolonged reaching, twisting, bending, kneeling, squatting, working overhead with your hands or arms, or holding fixed positions.

- **Contact Stress.** Pressing the body against a hard or sharp edge can result in placing too much pressure on nerves, tendons and blood vessels. For example, using the palm of your hand as a hammer can increase your risk of suffering an MSD.

- **Vibration.** Operating vibrating tools such as Sanders, grinders, chippers, routers, drills and other saws can lead to nerve damage.
Body Mechanics

Prevention is the key to a healthy back, neck and body. Everyone should be aware that prevention and safety starts with taking the responsibility for yourself. This can be accomplished by exercise, a well-balanced diet and being proactive to life’s challenges. It is up to each and every one of you to take this responsibility and create and maintain a safe environment.

In order to start to take this responsibility you will be introduced to the anatomy of the back, and learn the importance of proper posture in sitting and standing. Proper posture is directly related to proper body mechanics. The principles and golden rules of body mechanics and patient transfer techniques will be reviewed.

Ergonomics is the science of quantitative measures and how it relates to the design of objects. It is important to fit the person with their work station, and this can be accomplished in various ways. A proper workstation set-up will be discussed.

1. Anatomy of the Back
The spine was designed to provide both stability and mobility. Stability comes from the vertebrae and mobility comes from the discs. The back has three natural curves (cervical, thoracic and lumbar). When in an erect posture the ear, shoulder, hip, knee and ankle should be in a straight line. The discs provides shock absorption and mobility as each level of disc/vertebrae is considered a joint. Strong abdominal and back muscles can act like a brace to support your lower back.

2. Posture
Posture is defined as the positioning of the body. It is also the way one carries their body. Posture is directly related to your habits, whether they are bad or good.

Proper Sitting Posture:
Your feet should be flat on the floor; equal weight on the back of thighs and buttocks; back in an erect position.

Proper Standing Posture: Feet at least hips width apart; knees soft, not locked straight, hips directly over feet; back erect, not slouched.
Body Mechanics

Body Mechanics is defined as the positioning of the body while moving. Proper Body Mechanics is a skill that is to be mastered and requires your constant attention. How well you master this skill can make the difference in maintaining a healthy back.

A. Principles

1. Things to think about before doing anything
   - Always remember to think before you move
   - Prepare in your mind exactly what you are going to do
   - Clear the area
   - Set your muscles and tighten your stomach

2. Golden Rules
   - Test the load before attempting to lift or move
   - Keep your feet at least hips width apart
   - Move your body as a smooth and controlled unit
   - **Hinge at your hips** and bend your knees
   - Keep your back straight with the three natural curves
   - Avoid twisting
   - Keep your shoulders, hips, knees and feet all facing the same direction
   - Avoid excessive reaching too far in front, behind and above
   - Use the strong muscles of your buttocks and legs to lift, push and pull
   - If it is too heavy, ask for help

3. Stooping and Crouching Activities
   - Remember to keep a balanced position and hinge at the hips
   - Bend your knees
   - Move your feet to get to hard to reach areas
   - Finish with a Back Extension Stretch

4. Push / Pull Activities
   - Remember to use the strong muscles of your buttocks and legs
   - Keep your back straight in the three natural curves
   - Move with the equipment like “dancing”
   - Keep arms close to body with a bend in the elbows

5. Lifting and Bending
   - Remember to keep the object close to your body
   - Hinge at the hips
   - Use strong muscles of buttocks and legs
   - Do not twist, move your feet
Ergonomic Work Station Set-Up

It is very important that you are aware of the proper ergonomic set-up of your workstation. It is your responsibility to know how to properly adjust your equipment to fit your special needs.

- Sit comfortably (between erect and reclined) in a swivel chair with adjustable seat height and back rest to accommodate the normal curve of the lower back.
- The monitor should be positioned so that the top of it is at or below your eye level.
- Bifocals and progressive lens – avoid tilting head back to view out of the bottom corrective lens while sitting comfortably. Position the top of the monitor at or below eye level and tilt monitor backwards.
- The monitor should be positioned directly in front with a horizontal distance of approximately one arm’s length while sitting comfortably.
- Feet should be resting firmly on the floor or on a footrest with thighs approximately parallel to floor (knees level or slightly lower than your hips).
- Document holder should be centered in front of you.
- Wrists should be relaxed in neutral position (straight/flat).
- Arms and elbows should be relaxed and close to body with elbows positioned > 90° (wrists at the same level as elbows or slightly lower).
- Center yourself to both the monitor and the keyboard while you are seated.
- Practice eye breaks every 15 minutes. Practice micro-breaks frequently throughout your shift to provide a break from using the same set of muscles continuously. (This will be a perfect time to do your stretching exercises!)

Patient Transfers

Transfer techniques will vary from clinician to clinician depending upon size, strength and use of leverage. There are many ways to properly transfer patients. The object is to attempt to use the most efficient manner with energy conservation techniques, keeping in mind the safety of those involved. Always be aware and adhere to any precautions related to the surgery or medical condition PRIOR to moving the patient.

Assistive Devices

- Assistive Devices can reduce friction, help the patient to assist you, and provide the clinician with a handhold. This can reduce the stress on your hands, wrists, shoulders and back.
  - Draw Sheets
  - Overhead Trapeze
  - Slide Boards
  - Gait Belts
  - Patient Positioning Devices
  - Walkers and Other Walking Devices
Turning a Patient in Bed

Get as close to the patient as possible and set the bed at hip level. Always remember to lower the bed rails. Use the patient’s shoulder and hip as a leverage point to turn over.

- **Moving a patient to the head of the bed**
  - Start by lowering the head of the bed. Always ask the patient to assist if appropriate by bending knees, lifting head up and if available, use the overhead trapeze. Do not twist your back. Face in the direction of the foot of the bed and perform a weight shift to the head of the bed while moving the patient.

- **Bed to gurney transfer**
  - Remember to use proper body mechanics and everyone involved understands sequence of transfer: on 3...1-2-3 (lift on 3). Use a slide board or plastic bag and a draw sheet (or any other approved Patient Positioning device) to reduce friction. Place one knee or both on the bed to maintain a neutral spine.

- **Bed to wheelchair transfer**
  - Have the patient scoot to the edge of the bed. Place wheelchair close to the bed at an angle and lock both brakes. Hold onto the patient with a gait belt or behind the patient’s back. Ask the patient to assist by pushing off the bed and leaning forward. Brace the patient’s legs with yours, shift your weight backwards and pivot the patient into chair.

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**Prevention**

**Fitness for work - - - - the Industrial Athlete**

- Everyone should be strong enough for work and play. We need to keep our bodies strong and flexible at all times. It is very important that you can enjoy your life after work with your family and friends.
  - A regular stretching and exercise routine should be performed
    - Refer to Stretch Break Routine for A Healthy Neck/Arms and Back

**Cumulative Trauma Disorders (CTD)**

- It is a sustained posture disorder complicated by repetitive motion stresses, health and medical complications, and psycho-social issues.
- CTD is a disease of the musculoskeletal system resulting in damage that causes pain, inflammation and loss of function.
- Can be prevented by practicing proper body mechanics and proper posturing.

**Preventive Measures**

- Listen to your body. If you are fatigued or tired take a short stretch break.
- Musculoskeletal aches and pains: RICE
  - **R** = Rest and stretch
  - **I** = Ice for 15 - 20 minutes
  - **C** = Compression of the ice against your body
  - **E** = Elevation of the affected body part

**Resources**

- Occupational Health
- Rehabilitation Services
Joint Commission and OSHA Standards

- Use of proper Body Mechanics and Posture
- Proper Patient Transfer and Lifting Techniques
- Safety in the Workplace
- Injury Prevention
- Resources for Assistance:
  - Occupational Health and Rehabilitation Services
Stretch Break Routine for a Health Back

The following stretches are to be performed to help maintain good posture and flexibility.

**Stretches**

Should be performed twice daily, hold each stretch for 15 seconds and repeat 3 – 5 times each. Discontinue any stretch that causes pain.

**Standing Hamstring Stretch**

Place foot on chair, slowly lean forward keeping back straight

**Seated Low Back Stretch**

Sit in chair with knees spread apart. Bend forward to floor. A comfortable stretch should be felt

**Heel Cord Stretch**

Keeping back leg straight, with heel on the floor and foot turned inward. Lean into wall until a stretch is felt in the calf.

**Standing Extension Stretch**

Stand feet hips width apart, place hands on low back and gently lean backwards. Keep chin tucked.

**Quadriceps Stretch**

Pull heel toward buttock until a stretch is felt in front of thigh

**Neck and Torso Rotation**

Slowly rotate legs and lower trunk in opposite direction of head and neck. Keep feet on floor.
The following stretches are to be performed to help maintain good posture and flexibility.

**Stretches**

Should be performed once every two hours, hold each stretch for 15 seconds and repeat 1 - 2 times each. Discontinue any stretch that causes pain.

**Neck Flexion**
Bend head forward, return to starting position.

**Neck Lateral Flexion**
Tilt head toward shoulder, then slowly toward opposite shoulder.

**Forearm Pronation/Supination**
Start in hand-shaking position and slowly rotate palm down

**Wrist Flexor Stretch**
Keeping elbow straight, grasp fingers and palm and slowly bend wrist.

**Shoulder Rolls**
Roll shoulders forward, up and back, then down to complete a circle.

**Chest and Shoulder Stretch**
Maintaining erect posture draw shoulders back while bringing elbows back and inward.

**Wrist Extensor Stretch**
Keeping elbow straight, grasp fingers and palm and slowly bend wrist.
Safety in the Environment of Care

Introduction

It is our goal at Mission Hospital (Mission Viejo and Laguna Beach campuses) and CHOC CHILDREN’S at Mission to provide a safe, functional, and effective environment for patients, employees, volunteers, and all other individuals in the hospital. This goal is achieved through the Safety Programs’ processes and activities that:

- Reduce and control environmental hazards
- Prevent accidents and injuries
- Maintain safe conditions throughout the facility

Employee education regarding these processes is an integral component of our hospitals safety program. The following sections are intended to provide employees and volunteers with relevant information for each of the following Environment of Care safety topics:

1. General Safety
2. Emergency Response Codes
3. Fire & Life Safety
4. Emergency Preparedness
5. Electrical Safety
6. Medical Equipment Safety
7. Utility System Safety
8. Hazardous Materials/Waste
9. Radiation Safety
10. Security

General Safety

Generally, workplace accidents result when employees fail to use safe work practices. Safety is every employee’s responsibility and, in most cases, accidents can be prevented if general safety rules are followed.

<table>
<thead>
<tr>
<th>ALWAYS . . .</th>
<th>NEVER . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use good body mechanics</td>
<td>Lift heavy patients without help</td>
</tr>
<tr>
<td>Lift with leg and thigh muscles</td>
<td>Reach into waste receptacles</td>
</tr>
<tr>
<td>Observe all caution signs: wet floors, laser in use, etc.</td>
<td>Transport compressed gas cylinders by hand</td>
</tr>
<tr>
<td>Use Personal Protective Equipment (PPE)</td>
<td>Leave wheelchairs, gurneys, or beds in the unlocked position</td>
</tr>
<tr>
<td>Report suspicious persons to security</td>
<td>Block exits with boxes, carts, or clutter</td>
</tr>
<tr>
<td>Clean up spills immediately</td>
<td>Store heavy items on high shelves</td>
</tr>
<tr>
<td>Report any unsafe condition immediately</td>
<td>Walk alone to your car after dark - call for an escort or use the buddy system (dial “5000” for Security)</td>
</tr>
</tbody>
</table>
Reporting Safety Hazards & Safety Suggestions

Safety hazards related to patients, employees, volunteers, and visitors must be reported immediately to ensure that corrective action is taken.

Report a Safety Hazard or Suggestion
- Call extension 5000 to report of immediate Safety Hazards and generate a work order.
- Complete a Report of Safety Hazard/Suggestion as soon as possible. These forms can be found in the Occupational Health Office
- Complete a QRE
- Notify your Supervisor
- Give the exact location and nature of the hazard observed
- Investigation of the reported problem will take place by the appropriate personnel
- Action will be taken immediately to correct the problem or referred to the Safety Manager
- All actions and findings will be documented.

Safety Manual Library
All Safety manuals (Emergency Management/Disaster, Fire, Hazardous Materials and Safety) can be found through Lucidoc or CAREnet, Policies and Forms. Safety manuals will soon be available on CAREnet. The Safety Manuals can also be accessed through the Safety Manager at the Mission Viejo site extension 42
emergency response codes

mission hospital (mission viejo and laguna beach campuses) & choc children’s at mission utilize a standard emergency code system. within the hospital, dial 711 to report an emergency. if you are located within a mission suite or area in the medical office buildings (mob), dial 9-911 to report an emergency. all hospital employees are required to be familiar with and understand their responsibility during an emergency situation.

<table>
<thead>
<tr>
<th>code name</th>
<th>description</th>
</tr>
</thead>
<tbody>
<tr>
<td>blue</td>
<td>code blue should be called in the event of an adult medical emergency (18 years and above). a code team responds to appropriate area to deliver care to patient.</td>
</tr>
<tr>
<td>white</td>
<td>code white should be called in the event of a child medical emergency (0-18 years of age). a code team responds to appropriate area to deliver care to patient.</td>
</tr>
<tr>
<td>trauma mission viejo campus only</td>
<td>code trauma will be called when the hospital will be receiving a multi-system injury.</td>
</tr>
<tr>
<td>red trauma mission viejo campus only</td>
<td>code red trauma will be called when the hospital will be receiving multi-system injury and going directly to the operating room.</td>
</tr>
<tr>
<td>red</td>
<td>code red will be called in the event of a fire! the race method (rescue, alarm, contain, &amp; extinguish) must be utilized by anyone discovering a fire anywhere on campus.</td>
</tr>
<tr>
<td>orange</td>
<td>call 711 and report a code orange in the event of hazardous spill/release including radiation that cannot be handled with the available training and spill kit equipment or is of an unknown substance.</td>
</tr>
<tr>
<td>triage</td>
<td>code triage will be called in the event of major internal or external disaster involving mass casualties, i.e. plane crash, traffic accident, earthquake, power outage, or any other situation that overwhelms resources on campus. the hospital will activate the hospital incident command system (hics).</td>
</tr>
<tr>
<td>yellow</td>
<td>code yellow will be called in the event of the hospital receiving a bomb threat or discovering a suspicious looking device which may resemble a bomb.</td>
</tr>
<tr>
<td>pink</td>
<td>code pink will be called in the event of an infant abduction, (infant/child security practices and actions to take in response).</td>
</tr>
<tr>
<td>purple</td>
<td>code purple will be called in the event of event of abduction of child (age 1 to 18), the age and sex of the patient is reflected by the number at the end of the announcement. pink (girl) blue (boy)</td>
</tr>
</tbody>
</table>
| ELOPEMENT | Code Elopement should be called in the event that a patient is missing from their designated care area with the knowledge of their assigned caregiver, and meets one of the following criteria:  
- All legal Psychiatric holds patients (5150 & 5585 & 1799 having active suicidal/homicidal ideation).  
- Gravely disabled – unable to provide food, shelter, clothing  
- All patients who have a safety attendant  
- Confused, disoriented or otherwise appearing to lack mental capacity |
| GRAY | Code Gray should be called in the event of Combative Person(s) |
| SILVER | Code Silver should be called in the event of person(s) with Weapon or Hostage situation. |

**Fire Prevention & Life Safety**

**Most common causes of fires**
- Electrical equipment that is damaged or defective  
- Portable space heaters and other small electrical appliances left on and unattended  
- Careless smoking  
- Flammable liquids used or stored improperly

**Fire Prevention**
- Do not use equipment that:  
- Has not been safety checked  
- Has given a shock  
- Smells hot or is functioning outside of it’s parameters  
- Enforce the hospital’s “No Smoking” policy  
- Store flammable liquids in designated fireproof cabinets  
- Turn coffee pots or other such appliances off when not in use  
- Do not leave a microwave unattended, particularly with popcorn.  
- Due to extreme fire danger and patient/personnel safety hazard, NO portable heaters shall be used or brought into this facility.

**Code Red - Fire Plan Procedure**

Employees at the fire’s point of origin must respond immediately and perform all components of the **RACE** procedures:

- “R” **RESCUE** (if safe to do so)  
- “A” **ALARM** (pull the alarm, and call “711”)  
- “C” **CONTAIN** (close doors)  
- “E” **EXTINGUISH** (if safe to do so) or **EVACUATE**

Any and all available employees throughout the hospital should respond to the location of the fire with a fire extinguisher.
Employees in all patient care areas must:
- Close patient room doors to prevent the spread of smoke
- Insure that all cross corridor Fire doors are closed and latched
- Calm and assure patients
- Stand by for information or instructions from emergency personnel

If evacuation becomes necessary, organize patient medical records and valuables. The three [3] levels of evacuation are:
- **Horizontal** - relocating to a separate smoke compartment on the same floor, i.e., to move to the other side of a set of fire doors (marked “Smoke Barrier”).
- **Vertical** - relocating to a different floor above or below the fire’s location.
- **Full** - relocating outside of the building
  Note - In the event of a Code Red, use the stairs; do not use the elevators.

**Types of Fire Extinguishers**
Generally, there are three [3] types of fire extinguishers used in healthcare environments: ABC, BC, AND Halon. The following table details the effective use of each type of extinguisher:

<table>
<thead>
<tr>
<th>Extinguisher Type</th>
<th>Class “A” Ordinary Combustible (paper, wood, linens)</th>
<th>Class “B” Flammable Liquids (alcohol, cooking grease)</th>
<th>Class “C” Electrical Equipment (computers, medical equip)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABC</strong> Multipurpose Dry Chemical</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td><strong>BC</strong> Carbon Dioxide</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td><strong>Halon</strong></td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
</tbody>
</table>

All employees are required to learn how to operate a fire extinguisher. The acronym PASS outlines the proper procedure for using a fire extinguisher:

P = **PULL** the pin from the fire extinguisher
A = **AIM** the nozzle toward the base of the fire
S = **SQUEEZE** the handle of the fire extinguisher
S = **SWEET** the hose from side to side at the base of the burning material

**Smoke Barriers**
The Facilities Department has installed green and gold “Smoke Barrier” signs on the double cross corridor doors (fire doors) throughout the Hospital. Their purpose is to indicate a division between the smoke compartments.

Smoke Compartments in the Hospital are constructed in such a way as to divide each floor into several compartments. The walls enclosing each compartment are designed and built so that there are no penetrations that will allow smoke to pass from one compartment to another. When a Code Red alarm is activated, these doors automatically close, thus sealing each compartment.
In the event of an actual Code Red where a horizontal evacuation of an area is required, the Smoke Barrier signs are there to identify the fire doors. Evacuation can then take place to an adjoining safe compartment on the same floor. Since these doors prevent smoke from passing from one compartment to another, it is important to keep them closed and latched during a Code Red Incident or any evacuation procedure.

[Smoke barriers identification will be implemented at the Laguna Beach campus.]

Emergency Preparedness

The Emergency Preparedness Plan at Mission Hospital (Mission Viejo and Laguna Beach campuses) & CHOC CHILDREN’S at Mission is a master plan for saving lives when an emergency strikes. The Emergency Preparedness Plan provides an orderly means of responding to an internal or external disaster. Advance planning for emergencies means that the Hospital can continue to operate under adverse conditions.

Emergency preparedness enables the Hospital to:
- Respond quickly and effectively to a disaster
- Provide first aid to victims
- Minimize loss of life
- Continue to provide quality care for the existing patient load

Code Triage – Disaster Plan

A Code Triage is called in the event of any disaster (internal or external) which may overwhelm the normal operations of the Hospital.

**Internal Disaster** – Any occurrence within the Hospital which requires major alterations of normal hospital routine. Injured patients and/or employees, loss of critical systems or services needed for patient care could be the result of an internal disaster.

**External Disaster** – An external emergency situation exceeding the capacity of normal hospital functioning. During an external disaster, the number of incoming ill or injured persons is unknown or unlimited.

- **Hospital Incident Command System (HICS)**
  Mission Hospital (Mission Viejo and Laguna Beach campuses) and CHOC CHILDREN’S at Mission utilize the Hospital Incident Command System (HICS) to respond to all disaster situations. The HICS plan is a flexible “Role” or “Job Description” based system that can be customized to fit any situation whether it is a large or small event. (See the Emergency Management/Disaster Manual for more information about the HICS Plan)

- **What to Expect**
  All personnel are required to respond during a Code Triage emergency as specified in their department plan. Off-duty personnel may be called back to work. But this does not mean that everyone rushes down to the Emergency Room to help. Every department has an Emergency Management/Disaster Manual. Look for your department's section for your response to a Code Triage disaster. Your supervisor will help instruct you on your specific duties. Generally, personnel with no other assignments report to the Labor Pool, if activated, to be assigned as necessary. Learn what your department's role is in an emergency, as well as your specific responsibility. Staying calm and being flexible is important in times of crisis. When disaster strikes, we need everyone's help to save lives!
- **Disaster Drills**
  As a part of the Hospital's Emergency Preparedness Plan, you are required to participate in disaster drills during the year. The drills give each department the opportunity to test its Emergency Preparedness Plan and evaluate its performance before an actual emergency occurs. Our objective is to make emergency response smooth and efficient so that no time is lost and activities focus on the preservation of life and safety.

- **Electrical Safety**
  Electrical malfunction is a leading cause of fires in hospitals and electrical shock is a major cause of injury to healthcare workers and patients. What’s worse, is that most of these incidents are completely avoidable through the consistent application of the following electrical safety procedures:

- **Safe use of Cords, Plugs and Outlets**
  - Do not use equipment if the cord has cracked insulation or exposed wires.
  - Do not use a plug or outlet that appears burned, heats up when used, or is loose.
  - Keep cords away from water.
  - Do not unplug equipment with wet hands or if you are standing in water.
  - Grasp the plug when removing it from an outlet; do not pull on the cord.
  - Use three-prong *(grounded)* hospital grade plugs in all patient care locations.
  - Plug all essential equipment into red outlets.
  - Contact Biomedical Engineering to repair/replace damaged or defective cords, plugs, or outlets.

- **Equipment Electrical Safety**
  - Contact Biomedical Engineering (extension 5000) if equipment does not display an inspection label or if the label has expired.
  - Report all electrical shocks immediately - no matter how small.
  - Equipment that has given an electrical shock **must** be removed from use.
  - Inform patients of the hospital’s policy regarding use of personal electrical appliances, such as blow dryers. Contact Biomedical Engineering or Maintenance for safety checks.
  - Do not use equipment that smells **hot** or makes unusual noises.

- **Electrical Fire Safety**
  If an electrical fire occurs:
  - Follow the hospitals fire safety plan.
  - Use a **dry** chemical fire extinguisher such as an ABC extinguisher

- **Medical Equipment Safety**
  Medical equipment includes electrical equipment used in the diagnosis, treatment, and/or monitoring of patients. To ensure employee and patient safety, hospital policy requires equipment inspections for all equipment that is:
  - New
  - Leased
  - Physician owned
  - Patient owned (e.g., hair dryer, etc.)
  - Personal (e.g., radio, portable heater, etc.)

Once inspected, a safety check sticker will be affixed to the equipment. Employees should contact Biomedical Engineering if a piece of equipment does not have a sticker on it or if the sticker has expired.

An employee response in the event of an equipment failure is an important aspect of patient safety. The following table provides general emergency information for communication and medical equipment.
<table>
<thead>
<tr>
<th>Failure of</th>
<th>What to Expect</th>
<th>Contact #</th>
<th>Responsibility of User</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse call</td>
<td>Failure of visual or audio patient communication system</td>
<td>x5000</td>
<td>Implement temporary system for patient monitoring (bells)</td>
</tr>
<tr>
<td>Overhead paging</td>
<td>Unable to hear overhead announcements</td>
<td>x5000</td>
<td>Arrange for temporary communication assistance from adjacent area</td>
</tr>
<tr>
<td>Biomedical equipment (therapeutic, radiological, diagnostic)</td>
<td>Improper operation or inoperative equipment</td>
<td>x5000</td>
<td>Refer to equipment operations manual; if appropriate, remove equipment from use. Call Biomedical Engineering for service or replacement. Be prepared to give location of equipment, equipment description (model), and your name &amp; ext.</td>
</tr>
<tr>
<td>Beds</td>
<td>Improper operation or inoperative equipment</td>
<td>x5000</td>
<td>Notify Maintenance and call EVS for replacement</td>
</tr>
<tr>
<td>Sterilizers</td>
<td>Improper operation or inoperative equipment</td>
<td>x5000</td>
<td>Conserve sterile materials</td>
</tr>
</tbody>
</table>

As required by the Safe Medical device Act of 1990, employees are required to fill out and submit a Quality Risk Event (QRE) Form when any equipment is involved, has caused or contributed to the death or serious injury to inpatients or staff. Immediately contact Biomedical Engineering and take the piece of equipment out of service, taking care to leave all equipment controls and settings in the position they were in at the time of the incident.

### Medical Equipment & Cellular Phones/Wireless Devices

Mission Hospital (Mission Viejo and Laguna Beach campuses) and CHOC CHILDREN’S at Mission have implemented a policy restricting cellular phone/wireless device use inside the hospitals to designated areas to avoid electromagnetic interference between these devices and sensitive medical equipment.

### A summary of the policy is as follows:

- **Physicians** are permitted to use wireless devices within the hospital with certain limitations. This criteria is described as a part of the policy.

- **Visitors** are permitted to use wireless devices in designated areas **ONLY**:
  - Public Waiting Areas
  - Lobbies
  - Devices must be kept in a silent or vibrate mode to minimize disruption to the environment. Also, they must be in the **OFF** mode when leaving those areas.
  - **Employees** will **NOT** be permitted to use cell phones or other wireless devices within the Pavilion or Hospital Tower.
  - The policy is contained within Section 6 of the Hospitals Safety Manual
• **Electromagnetic Interference**

  Radio frequency energy (radio waves) emits electromagnetic radiation, which may interfere with the logic circuits and can disrupt other functions of microprocessor-controlled equipment. Wireless Devices, which transmit radio waves, even when they are not in use, are a common source of electromagnetic interference. This interference could result in injury to patients or disruption of patient care equipment. All wireless devices must be **completely turned off** (let’s check this it might have changed. I believe cell phone use is allowable)(not on stand-by) when in the presence of medical equipment, to prevent electromagnetic interference.

  Types of Equipment Susceptible to Electromagnetic Interference

  • Ventilators
  • Dialysis equipment
  • Heart / respiration monitors
  • Infant warmers
  • IV / infusion pumps
  • Telemetry monitors

**Utility Safety**

An essential component of Engineering Services’ responsibilities is to ensure uninterrupted utility service to the hospital. However, no system is completely fail-safe, which is why it is important for employees to familiarize themselves with the proper steps to take when a utility failure occurs.

The following Systems Failure Basic Staff Response Placard provides an overview of emergency information for Utility System Users.

<table>
<thead>
<tr>
<th>Systems Failure &amp; Basic Staff Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>(See Department Policies &amp; Procedures for additional details)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAILURE OF:</th>
<th>WHAT TO EXPECT:</th>
<th>WHO TO CONTACT:</th>
<th>RESPONSIBILITY OF USER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ELECTRICAL PATIENT BEDS</strong></td>
<td>Beds fail to function properly</td>
<td>Facilities x5000</td>
<td>Notify Engineering and call EVS for replacement bed, if required</td>
</tr>
<tr>
<td><strong>COMPUTER SYSTEMS</strong></td>
<td>System down</td>
<td>Information Systems X7349</td>
<td>Use backup manual/paper systems</td>
</tr>
<tr>
<td><strong>ELECTRICAL POWER FAILURE</strong></td>
<td>Failure of all electrical systems. Only RED plug outlets work (Emergency Generators)</td>
<td>Facilities x5000 Respiratory Care Services</td>
<td>Ensure that life support systems are on emergency power (red outlets). Ventilate patients by hand as necessary. Manually regulate IVs. Complete cases in progress ASAP &amp; don’t start new cases. Use flashlights.</td>
</tr>
<tr>
<td><strong>ELEVATORS OUT OF SERVICE</strong></td>
<td>All vertical movement will have to be by stairwells</td>
<td>Facilities x5000</td>
<td>Review Fire, Disaster &amp; Evacuation plans, use carry teams to move critical patients and equipment to other floor</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td>Department</td>
<td>Management Action</td>
</tr>
<tr>
<td>----------</td>
<td>-------------</td>
<td>------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>ELEVATORS STOPPED BETWEEN FLOORS</td>
<td>Elevator alarm bell sounding</td>
<td>Facilities x5000</td>
<td>Keep verbal contact with personnel still in elevator and let them know help is on its way</td>
</tr>
<tr>
<td>FIRE ALARM SYSTEM</td>
<td>No fire alarms or sprinklers</td>
<td>Facilities x5000</td>
<td>Institute Fire Watch, minimize fire hazards, use phone or runners to report fire</td>
</tr>
<tr>
<td>MEDICAL GAS SYSTEM</td>
<td>Gas alarms, no Oxygen, Nitrous Oxide, or Medical Air</td>
<td>Facilities x5000 Respiratory Care</td>
<td>Hand ventilate patients; transfer patients if necessary, use portable Oxygen and other gases, call for additional portable cylinders</td>
</tr>
<tr>
<td>MEDICAL VACUUM</td>
<td>No Vacuum; vacuum system fail &amp; in alarm</td>
<td>Facilities x5000 Respiratory Care x5000 Central Supply x4603</td>
<td>Call Central Supply for portable vacuum, obtain portable vacuum from crash cart, finish cases in progress, don't start new cases</td>
</tr>
<tr>
<td>NATURAL GAS FAILURE OR LEAK</td>
<td>Odor, no flames on burners, etc.</td>
<td>Facilities x5000</td>
<td>Open windows/doors to ventilate, turn off gas equipment, don't use any spark producing devices, electric motors, switches, etc.</td>
</tr>
<tr>
<td>NURSE CALL SYSTEM</td>
<td>No patient contact</td>
<td>Facilities x5000</td>
<td>Use bedside patient telephone if available, move patients, use bells, assign a rover to check patients</td>
</tr>
<tr>
<td>PATIENT CARE EQUIPMENT/SYSTEM</td>
<td>Equipment/system does not function properly</td>
<td>Biomedical Engineering x5000</td>
<td>Replace &amp; tag defective equipment. Call BioMed or Security to remove</td>
</tr>
<tr>
<td>SEWER STOPPAGE</td>
<td>Drains backing up</td>
<td>Facilities x5000</td>
<td>Do not flush toilets, do not use water</td>
</tr>
<tr>
<td>STEAM FAILURE</td>
<td>No building heat, hot water, sterilizers inoperative, limited cooking</td>
<td>Facilities x5000</td>
<td>Conserve sterile materials &amp; all linens, provide extra blankets, prepare cold meals</td>
</tr>
<tr>
<td>TELEPHONES</td>
<td>No phone service</td>
<td>Communications x7349</td>
<td>Use power failure phones, overhead paging, pay phones, walkie-talkies, use runners as needed</td>
</tr>
<tr>
<td>VENTILATION</td>
<td>No ventilation; no heating or cooling</td>
<td>Facilities x5000</td>
<td>Open windows (institute Fire Watch) or obtain blankets if needed, restrict use of odorous/hazardous materials</td>
</tr>
<tr>
<td>WATER</td>
<td>Sinks &amp; toilet inoperative</td>
<td>Facilities x5000</td>
<td>Institute Fire Watch; conserve water, use bottled water for drinking, be sure to turn off water in sinks, use RED bags in toilet</td>
</tr>
</tbody>
</table>
Hazardous Material Safety

At Mission Hospital (Mission Viejo and Laguna Beach campuses) and CHOC CHILDREN’S at Mission, we strive to provide a safe work environment through management of hazardous materials and waste. Safety training, engineering controls, policy and procedures, medical exams and record keeping are all vital elements of this effort.

Ready-access to MSDAs is available through Mission Shortcuts by selecting MSDS Inventory. The link will direct employees to the 3E company portal where they will be provided, online access to the organizations associated MSDS inventory.

- **Hazardous Communication Program (Right to Know)**
  The federal government through the Occupational Safety and Health Administration (OSHA) has issued a rule, the Hazard Communication Standard, which says you have a "RIGHT TO KNOW" about hazards you face on the job, and how to protect yourself against them. The information in this chapter is designed to help do just that. Additional information is available in the Hazardous Materials/MSDS Manual located in your department.

- **Tips on Toxic Substances**
  - Know where the Material Safety Data Sheets (MSDS’) are located in your department.
  - Read the MSDS before you start your job.
  - Use proper protective clothing/equipment.
  - Handle chemicals carefully.
  - Label, store and dispose of hazardous materials properly -- “cradle to grave”
  - Report all spills immediately.
  - Know where eye wash and emergency showers are located.

- **Material Safety Data Sheets (MSDS’)**
  Material Safety Data Sheets (MSDS’) are your guide to safety. These papers give details on chemical and physical dangers, safety procedures, and emergency response techniques. There is a MSDS for each hazardous material in your work area and/or can be found on Mission Shortcuts.

### Some Hazardous Materials That are Found at Mission Hospital (Mission Viejo and Laguna Beach campuses) & CHOC CHILDREN’S at Mission

<table>
<thead>
<tr>
<th>Product</th>
<th>Principal Hazardous Ingredients</th>
<th>Hazards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cidex</td>
<td>Glutaraldehyde</td>
<td>Poison by ingestion, severe eye and skin irritant</td>
</tr>
<tr>
<td>Formalin</td>
<td>Formaldehyde</td>
<td>Poison by ingestion, severe eye and skin irritant, potential cancer hazard</td>
</tr>
<tr>
<td>Gaseous Oxygen</td>
<td>Oxygen</td>
<td>Oxidizing gas, combustion danger near heat or oil</td>
</tr>
<tr>
<td>Bleach</td>
<td>Sodium Hypochlorite</td>
<td>Eye irritant, corrosive and irritating by ingestion and inhalation</td>
</tr>
<tr>
<td>Liquid Cleaning Solution (Lab)</td>
<td>Hydrochloric Acid</td>
<td>Corrosive to eye and skin</td>
</tr>
<tr>
<td>Anesthetic Gas</td>
<td>Nitrous Oxide</td>
<td>Combustion danger near heat source, moderately toxic by inhalation</td>
</tr>
</tbody>
</table>
How to use a Material Safety Data Sheet (MSDS)
Always read the MSDS before you begin a job using a chemical, even if you've used the chemical before. The manufacturer may have changed its formula, and that may change the steps you should take to protect yourself. Taking the proper precautions listed on the MSDS, such as wearing skin or eye protection, can prevent serious long-term illness.

Although each chemical manufacturer designs and uses its own MSDS form, the form has been standardized to give the same basic information in the same order. You will find MSDS information broken down in the following categories:

**Product Name** - Lists the identity of the substance (the name on the label), the name and address of the manufacturer, and usually a phone number for emergencies and more information. Also, may list common names for the product may be listed.

**Hazardous Ingredients Chemical Identity** - Includes names of chemicals in the product that might be dangerous, and safe exposure limits such as Permissible Exposure Limit or PEL (set by OSHA) or the Threshold Limit Value or TLV.

**Physical Characteristics** - Describes physical qualities of the product, and lets you know what's usual or safe. For example, how the product looks and smells; boiling and melting temperatures (important in case a chemical might become a gas you could breathe); evaporation rate (known as percent volatile); how easily the chemical dissolves; and how heavy it is (if it will sink or float in water).

**Fire and Explosion Data** - Tells you the lowest temperature at which the product could catch fire ("Flash point"). Let's you know if it's flammable (catches fire below 100 Deg. F) or combustible (catches fire above 100 Deg. F); lists the best way to put out a fire involving that product.

**Reactivity** - Describes what happens if this product comes in contact with air, water, or other chemicals; Describes conditions (like heat) or materials (like water) that can cause the product to react by burning, exploding, or releasing dangerous vapors. The product is called "incompatible" or "unstable" with these conditions or substances.

**Health Hazards** - Lists ways the chemical might harm your body, i.e., splashing on your skin or being breathed in as vapor, as well as possible over-exposure symptoms. Let's you know if overexposure might make existing medical conditions worse, and describes emergency first aid procedures.

**Usage, Handling And Storage** - Describes how to clean up an accidental spill, leak or release, including special procedures. Tells how to handle, store and dispose of chemicals safely.

**Special Protection and Precautions** - Explains special Personal Protective Equipment (PPE) and other equipment you should use when working with the chemical. This also lists any special procedures, extra health or safety information, signs that should be posted, or additional facts not covered in other sections of the MSDS.

### Labeling of Hazardous Materials
To ensure that all users of a hazardous material are protected, the container must always be properly labeled. This is especially important whenever bulk materials are transferred to smaller more portable containers. The label should include at a minimum, the common name or chemical name (labels must use the same name as the MSDS), the hazards of the chemical and the manufacturer or supplier's name. Additional information such as the date opened and recommended personal protective equipment is also encouraged.

### Hazardous Material Spills
All department personnel who utilize any material deemed hazardous are responsible for reporting spills to the Hospital Operator at extension 711. The Hospital Operator will notify appropriate personnel and the
appropriate personnel will respond to the spill. A Code Orange may also be announced if necessary. Personnel reporting the hazardous spill will complete a QRE.

Infectious spills of medical infectious waste are to be cleaned up only by trained personnel wearing proper personal protective equipment (e.g. gowns, gloves, masks, and goggles). Personnel will decontaminate the area with a bleach solution or an EPA-registered disinfectant solution effective against the hepatitis B and human immunodeficiency viruses. Access to spill areas will be restricted until cleanup is complete. Specific, detailed clean-up instructions are located in the Hospital Infection Control Manual.

- **Respiratory Protection**
  Whenever possible, concerns relating to air quality will be addressed and resolved by engineering controls such as ventilation, fume hoods, and practice changes. When engineering controls cannot effectively manage airborne hazards, a respirator program will be implemented. This program will comply with guidelines as outlined by NIOSH and CAL OSHA. Prior to donning a respirator, an employee must meet all requirements of such a program, including medical evaluation, fit testing and training on the use and function of respirators. Additional information can be obtained from the Hazardous Materials/MSDS Manual.

- **Hazardous Waste – What is it?**
  Hazardous waste is any hazardous material no longer fit or needed for its intended purpose. Included is medical/infectious, chemical and radioactive waste. Even used batteries and aerosol cans in significant quantity are considered hazardous waste.

- **How Can I Minimize Hazardous Waste?**
  State law (SB14) requires business to develop plans for minimizing generation of hazardous wastes. If you use a product containing hazardous materials, use only the minimum amount necessary. Purchase a product in smallest quantities to cut down on the possibility of a large spill from a large container. Purchase "green" or environmentally safe alternative products whenever feasible.

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**Radiation & MRI Safety**

**Ionizing Radiation**

- Hospital employees who work in a radiation area are limited to 5,000 MILLI-REM of exposure per year.
- Everyone receives 100 - 300 MILLI-REM of exposure per year background radiation from Uranium in the earth, cosmic rays from the sun and from natural chemical in our own body.
- The average dose to the general population from all sources of radiation is 360 MILLI-REM/per year.

**Protection**

- Three main areas of concern are your **eyes**, **thyroid** and **gonads**.
- Three primary ways to protect yourself from exposure are **time**, **shielding** and **distance**.
  - **Time**
    When dealing with patients who have been treated with therapy dose, limit the time you spend with patient in relation to guidelines set by physician
  - **Shielding**
    Use appropriate lead aprons, gloves and glasses when working around x-ray equipment which is in use
  - **Distance**
    Generally, if you are at least 6 feet away from the source, you receive less than 3% exposure
Monitoring

A film badge dosimeter is the current method of monitoring radiation dose of employees. Any person working in fluoroscopy or close proximity of ionizing radiation is required to be monitored under California regulation. Film badges must be worn on the collar outside the lead apron, when a lead apron is worn.

The following departments are required to wear a film badge when participating in an exam/procedure where ionizing radiation is being emitted:
- Imaging
- Operating Room
- Cardiovascular & EP
- Endoscopy
- Emergency

Radiation Sources

- Two [2] main sources of exposure to radiation:
  - Mobile x-ray unit
  - Radionuclides
- Three precautions for portables:
  - Maintain 6 ft. Distance from x-ray source if possible
  - Wear lead apparel ionizing radiation is being emitted
  - Always wear lead apparel and film badge when participating in C-Arm procedures
- Four radionuclide therapy precautions
  - Check in with nurse for guidelines
  - Maintain distance of 6 feet from patient if possible
  - Spend minimal time with patient
  - If pregnant, notify supervisor. Some additional precautions may need to be taken.

Radiopharmaceuticals/Isotopes

- Wear gloves and wash hands after contact
- Employees who routinely work in areas where you may be exposed to radiation will be monitored with a film badge, which records the employee’s exposure.

MRI Safety

The Magnetic field of the MRI system is always on, and dangers always exist, even when a patient is not being imaged.
- Remove ALL metallic belongings before entering the MRI system room
- Make sure ahead of time that emergency equipment is nonmagnetic or otherwise acceptable for use in the MRI system room.

Security

- Crime and Violence Prevention
  Workplace violence has become all too common in healthcare, especially in hospital emergency rooms. To counteract this problem, employees in high-risk areas are being trained in non-violent crisis intervention techniques. In addition, the Code Gray and Code Silver policies have been established to assure a timely response to situations involving actual or potential violence toward physicians, employees, visitors, patients, or property. The following information should provide you with a thorough understanding of these policies.
**Crime Prevention**
- Protect yourself and your patients against theft. Leave valuables at home or secure them while at work. Secure patients valuables according to the hospital policy.
- Be alert to suspicious persons especially in the infant and children areas because of the threat of abduction.
- Use the buddy system when leaving the hospital, or call the hospital operator “5000” and request a Security Escort. Escort service is available for patients, visitors, employees, and volunteers.

### Code Gray – Combative Person
A Code Gray is activated when there is a confrontational incident in progress or there is a perceived immediate threat of danger (e.g. a combative person) with the potential that the situation will escalate.

All available employees, who are able, should respond to the scene. The response is a systematic effort by employees to defuse, de-escalate, and/or control the threat. Any employee observing a violent situation can activate a Code Gray by dialing “711,” state your name, location, and a brief description of the incident. If you are in the affected area, close doors, calm patients, and follow Security instructions.

### Person Brandishing a Weapon and/or Hostage Situation
Code Silver is activated when there is a person(s) brandishing a weapon and/or there is a hostage situation on the hospital campus. Any employee observing a violent situation involving a weapon can activate Code Silver by if safe to do so dialing “711,” state your name, location, and a brief description of the incident. All employees should direct patients and visitors to take cover, **DO NOT respond to the location of the Incident.** If you are in the affected area, leave the area immediately if safe to do so, if not take cover and hide, close doors (lock if possible), calm patients, and follow Security/Law Enforcement instructions. [Mission suite or area within the Medical Office Buildings (MOB) on the Mission Viejo Campus will dial 9-911 to contact Community Emergency Services.

### Bomb Threat
A Code Yellow is activated when the Hospital has received a Bomb Threat. Bomb Threats usually come in by phone, and are received by the hospital operator. However, if you receive a bomb threat, listen carefully to the caller and obtain as much information as you can for security. Ask...
- **When** is the bomb going to explode?
- **Where** is the bomb located?
- **What does the bomb look like?**
- **What kind** of bomb is it?
- **Why** did you place the bomb here?

Try to note the caller’s exact words, approximate age, sex, accent and any background noise. Contact **711** immediately to initiate a **Code Yellow**.

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**Hospital-Wide Infant/Child Security Practices**

All hospital employees share responsibility for safeguarding our infant/pediatric patients. Staff must routinely follow practices and procedures, which prevent infant/child abductions and act quickly to search the facility if a baby/child is missing.

### Preventative Measures
- Wear hospital name badge at all times when on duty.
- Enforce visiting hours.
- On duty employees are not authorized on the second and fifth floors [Mission Viejo Campus] unless on official business.
- Challenge anyone who seems out of place or wandering.
- Challenge people in uniforms/scrubs without name badges, **especially** if they are carrying newborns. Our staff never carries babies down the halls in their arms.
- Notify Security of suspicious people. Describe their actions, appearance and last location.
- Maternal Child Health nursing staff must wear ID badges with an image of a “Hand & Foot Print” and a “pink bar” on front.
- CHOC CHILDREN’S at Mission staff member’s ID badge has the “Bear Logo” and a “brown bar” on the front.
- Hospital scrub uniforms are secured in areas inaccessible to the public and may only be given to properly identified persons with specific needs. **Never remove them from the hospital.**
- Never prop locked doors open especially exits.
- Know the profile of a typical babynapper described below.
- Report all breeches in security (stairwell doors, unlocked or with an alarm bypassed). Notify Security immediately via extension 711.

**Profile of a Babynapper** (according to the National Center for Missing and Exploited Children)
- Female, between 16 and 40 years old, overweight.
- Suffered a recent miscarriage and/or has marital problems.
- A frequent visitor in the two weeks prior; asks specific questions of staff to probe vulnerabilities of our security system.
- Wears hospital scrub uniform; poses as a nurse.
- Will frequently abduct infant during the busiest time.

**Code Pink – Infant Abduction (0 – 1 yr.)**

If you hear “Code Pink” on the overhead page, an infant abduction (0 - 1 yr.) may be in progress. Always be alert for anyone carrying an infant in his or her arms. Contact Security immediately; follow the actions outlined for your department as specified in the Code Pink policy.

Staff discovering an infant is missing should call 711 immediately and ask operator to page CODE PINK to your location. **Immediately** search entire unit. Time is critical (Do a head count of all infants). Question the mother of the infant suspected to be missing as to other possible locations of the child within the facility.

**Protect the crime scene.** Do not touch or move any equipment or supplies in the room. Put gloves on to prevent additional fingerprints.

**Code Purple – Missing or Abducted Child (1 – 18 yr.)**

For a missing child, the operator will page “Code Purple” with the age in years if appropriate (e.g. 2, 3, or 12, etc), and sex using “Blue” for male and “Pink” for female. (e.g., Code Purple – 12 – Blue) Always be alert for anyone walking with or carrying a child matching the age and sex of the missing child. Contact Security immediately; follow the actions outlined for your department as specified in the Code Purple policy.

Staff discovering that a child is missing should Call **711** immediately and ask operator to page CODE PURPLE to your location. Give the age and sex of the child. **Immediately** search entire unit. Time is critical (Do a head count of all children). Question the parents of the child suspected to be missing as to other possible locations of the child within the facility.
**All Hospital Personnel in all Locations**

In the event of child abduction, all persons accompanying a child will be requested to identify themselves and the child with them.

Inspect all containers. Give an explanation for stopping them “We have a security issue on campus.” If people decline to open items for inspection, politely ask them to wait for a Security Officer.

If they refuse to wait, DO NOT ATTEMPT TO STOP THEM, follow them to their destination (i.e., vehicle) from a safe distance, record how they looked, acted and left the campus. If possible prevent them from entering vehicle while awaiting Security (license plate number, car description, etc.).

Immediately communicate any problems or suspicious activity to the Security Manager.