STUDENT
Orientation Manual
2017

Clinical Education Department
ST. JOSEPH HOSPITAL’S CORE VALUES

St. Joseph Hospital is a member of the St. Joseph Health System. The Sisters of St. Joseph created St. Joseph Health in order to enhance their mission of providing quality care in any field they serve. The standards of behavior are defined by our Four Core Values:

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

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

**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.*

ST. JOSEPH HOSPITAL MISSION STATEMENT

The mission is 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.

ST. JOSEPH HOSPITAL VISION STATEMENT

We bring people together to provide compassionate care, promote health improvement, and create healthy communities.
POLICIES CONCERNING STUDENTS

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. There is a $10.00 deposit for student identification badge. 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

Student parking (M-F day shift) is located at the Center for Cancer Treatment and Prevention Parking garage. Please park on the 5th and 6th Floors ONLY (See map). The SJH student badge will allow access through the gate. You will need to hang your tag on your rearview mirror.

- **First day:** If you have not been issued a badge yet you will need to pull a ticket to open the gate to the parking structure. When exiting that first day you need to write on the ticket your name, badge # and St. Joseph student and give it to the booth attendant.
- **Last day:** You will NOT use your badges to enter the Cancer Center parking, you will need to pull a parking ticket (last day only). When turning in your student badge to Security, you will be given a Validation ticket. Upon exiting at the parking gate, you will feed their ticket into the machine followed by the validation ticket.

Artificial Nails

Artificial nails are not permitted by all healthcare workers who are engaged in direct, hands on, patient care. **If you come into physical contact with patients in your role as a student, artificial nails are prohibited.**

Smoking Policy

St. Joseph Hospital is a non-smoking environment. Smoking is totally banned inside all buildings. Smoking is only permitted outside in smoking designated areas.

Lunch

St. Joseph Hospital has a cafeteria on-site in the basement. If you choose to bring your lunch, you may eat in the cafeteria or outside. Eating at work stations is not allowed. If you purchase your meal in the cafeteria you will receive a 15% discount.
**Standards of Conduct**

St. Joseph Hospital and your school require professional and responsible conduct while on the St. Joseph 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 many patient care areas including Critical Care, Surgical Services and Behavioral Health Services. 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**

St. Joseph 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.

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. It is the responsibility of the hospital’s leadership to assure that anyone who reports such behavior is protected from retaliatory action. Imminent threats or violence will be reported immediately to 18050.

ST. JOSEPH HOSPITAL HISTORY

The Sisters who founded St. Joseph Hospital trace their roots back to a seventeenth century French priest, Father Jean-Pierre Medaille, who had a revolutionary vision. In a time when it was believed that nuns should lead a cloistered life of reflection and prayer, he advocated that they could do God’s work by going into the streets and helping their neighbors. Several hundred years later, a group of Sisters came to California, bringing with them those same ideals of service.

By 1919, the Sisters were staffing their first hospital in Eureka, California. Soon after, the sisters were asked to relocate to Southern California to serve the growing population here. In 1922, they purchased the old Burnham estate on Batavia Street, and established a new Motherhouse in Orange County.

Almost immediately, planning began for a new, state-of-the-art hospital on the site. Through much perseverance, the Sisters raised close to the $1 million needed for its construction and in 1928, almost 3,000 people witnessed the laying of the cornerstone for St. Joseph Hospital.

In the 1930s, St. Joseph Hospital operated as one of the most up-to-date hospitals in America and often made the news for its cutting edge medical practices. H.A. Johnston, M.D., performed the first thoracoplasty in Orange County, a breakthrough treatment for tuberculosis. Later, St. Joseph saved the life of an infant when it first used an iron lung.

The 1960s were an exciting time at St. Joseph Hospital. Medical miracles were taking place every day, including the first open-heart surgery in Orange County, performed in 1961 by John Salyer, M.D. Dr. Salyer also implanted the West Coast’s first pacemaker in 1963. The hospital itself was breaking new ground, and in 1962 it began the construction of a 290-bed facility designed to be as ultra-modern as medical science could achieve. At the same time, the Sisters convinced a group of pediatricians to build their children’s hospital adjacent to St. Joseph.

When the construction of both facilities was finished in 1964, St. Joseph and Children’s Hospital of Orange County had become affiliates, sharing emergency care, surgery, laboratory, and other services. As the hospital approached its 50th Anniversary, the community witnessed still more
Orange County medical innovations, including the first ultrasound unit in 1972 and the first central fetal monitoring unit with an alert system in 1975.

During the 1990’s, St. Joseph distinguished itself with landmark strides in many different fields. The hospital was a pioneer in the development of the intra-coronary stent procedure, which was used for the first time in 1995. In addition, more people continued to trust St. Joseph for their open-heart surgery than any other hospital in Orange County. The hospital was performing more than 550 open-heart surgeries each year by 1999.

The St. Joseph Emergency Room remained the most experienced in Orange County and in 1996, the hospital broadened its services with the addition of the county’s only pediatric emergency room. Innovative maternity care continued to attract more new parents to St. Joseph than any other Orange County hospital. Throughout the 1990’s, more than 5,000 babies were born each year and to date more than 250,000 babies have been born at St. Joseph.

Cheers of joy echoed throughout St. Joseph Hospital on January 17, 2007 when Katie Skelton, Vice President of Patient Care Services, announced that St. Joseph Hospital of Orange had received Magnet designation, the nation’s highest honor for nursing excellence from the American Nurses Credentialing Center (ANCC). "This is an amazing moment in St. Joseph Hospital history for everyone, especially the nursing staff," said Skelton. "It is wonderful that our nursing staff are recognized for their clinical expertise and the exceptional care they provide for our patients. Magnet designation represents what we all, including our patients, already know about the extraordinary care that makes St. Joseph Hospital one the best in Orange County."

In October 2007 Building 2 opened as an expansion of St. Joseph Hospital’s current facilities to 525 beds, making it the largest community hospital in Orange County. This new patient care addition features wireless communication throughout, a healing garden, 14 state-of-the-art operating rooms and a Health Resource Center to provide the latest consumer health information. A year later, another state-of-the-art facility opened on the SJH campus: The Center for Cancer Prevention and Treatment.

In the last few years a number of medical “firsts” have been achieved by St. Joseph Hospital, including in 2010 the opening of the nation’s first true Hybrid Operating Room with Zeego 3-D imaging technology for heart and vascular patients.

With the help of dedicated staff and physicians, St. Joseph Hospital will continue to minister to the changing needs of Orange County residents. The St. Joseph mission to keep people healthy physically, emotionally and spiritually will serve as the guide, just as it did in 1929.

PATIENT RIGHTS AND RESPONSIBILITIES
Our goal is to facilitate the healthcare of our patients through clear lines of communication among all members of the healthcare team. Our philosophy is that patients have a right to personal consideration, information about their care, and to fully participate in their care.

Every St. Joseph patient has the right to:

- Considerate and respectful care, and to be made comfortable.
- A patient has the right to respect for their personal values and beliefs.
- Have a family member (or other representative of their choice), and their own physician notified promptly of their admission to the hospital.
- Know the name of the physician who has primary responsibility for coordinating their care, and the names and professional relationships of other physicians and other non-physicians that they see.
- Receive information about their health status, course of treatment, and prospects for recovery and outcomes of care (including unanticipated outcomes) in terms that they can understand.
- Have the right to participate in the development and implementation of their plan of care.
- Have the right to participate in ethical questions that arise in the course of their care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
- Make decisions regarding medical care, and to receive as much information about any proposed treatment or procedure as they 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, along with the name of the person who will carry out the procedure and treatment.
- Request or refuse treatment to the extent permitted by the law. However, they do not have the right to demand inappropriate or medically unnecessary treatment or services. The patient has the right to leave the hospital even against the physician’s advice, to the extent permitted by law.
- Be advised if the hospital or their personal physician proposes to engage in or perform human experimentation affecting their treatment or care. They have the right to refuse to participate in such research projects.
- Receive reasonable responses to any reasonable requests made for service.
- Have appropriate assessment and management of their pain, information about pain, pain relief measures, and to participate in pain management decisions. The patient may request or reject the use of any or all modalities to relieve pain, including opiate medication, if they suffer from severe chronic intractable pain. The physician may refuse to prescribe the opiate medication, but if so, must inform the patient that there are physicians who specialize in the treatment of severe chronic intractable pain with methods that include the use of opiates.
- Formulate Advance Directives. This includes designating a decision-maker if the patient becomes incapable of understanding a proposed treatment or becomes unable to
communicate their 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 the patient’s behalf.

- Have personal privacy respected. Case discussions, consultations, examinations, and treatment are confidential and should be conducted discreetly. The patient has the right to be told the reason for the presence of any individual. They have the right to have visitors leave prior to examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
- Confidential treatment of all communications and records pertaining to their care and stay in the hospital. Basic information may be released to the public, unless specifically prohibited in writing by the patient. Written permission shall be obtained before medical records are made available to anyone not directly concerned with the patient’s care, except as otherwise may be required or permitted by law.
- Access information contained in their records within a reasonable time frame, except in certain circumstances specified by law.
- Receive care in a safe setting, free from verbal or physical abuse or harassment. The patient has the right to access protective services including notifying government agencies of neglect or abuse.
- Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience, or retaliation by staff.
- Reasonable continuity of care, and to know in advance of the time and location of appointments, as well as the identity of the persons providing the care.
- Be informed by the physician, or a delegate of the physician, of continuing healthcare requirements following discharge from the hospital. Upon the patient’s request, a friend or family member may be provided with this information also.
- Know which hospital rules and policies apply to their conduct while they are a patient.
- Designate visitors of their own choosing, if they 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 the patient, a member of the hospital staff, or other visitor to the hospital, or would significantly disrupt the operations of the hospital.
  - The patient has told the hospital that they no longer want a particular person to visit. However, the hospital may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and the number of visitors.
  - Have their wishes considered, if they lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will be disclosed in the hospital’s visitor policy. At a minimum, the hospital shall include any persons living in the patient’s household.
- Examine and receive an explanation of the hospital’s bill, regardless of the source of payment.
- Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, marital status, or the source of payment for care.
• File a grievance by calling or writing St. Joseph Hospital’s Quality Management Department. The patient may also file a complaint with the California Department of Public Health.

**Every patient admitted to the hospital has the responsibility to:**

• Be cooperative with hospital and medical staff.
• Treat hospital and medical staff, as well as other patients, in the same courteous, dignified manner that one would expect from the healthcare team.
• Be considerate of the rights of other patients and hospital personnel and for assisting in the control of noise, a smoke free environment, and number of visitors.
• Be responsible for being respectful of the property of other persons and of the hospital.
• Provide, to the best of their knowledge, accurate and complete information about medical history, present complaints, past illnesses, hospitalizations, medical care, and other matters related to their health.
• Report any changes in how they feel to their physician or a member of the healthcare team as soon as possible.
• Report whether they clearly understand their plan of care and what is expected of them.
• Follow hospital rules and regulations for the safety and effectiveness of all involved.
• Participate in their plan of care and accept the consequences for any refusal of treatment or choice to not follow recommendations of the healthcare team.
• Accept financial responsibility for their care and costs.
• Be responsible for their follow-up care and ongoing healthcare needs.

If the patient has any questions about their rights or responsibilities, or if they have any concerns, complaints, or suggestions, they may call the hospital operator by dialing “0” and ask for the House Supervisor.

**Confidentiality**

Delivering health care to patients is a complex endeavor that is highly dependent on information. St. Joseph Hospital relies heavily on information to provide, coordinate, and integrate services.

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 their 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.
All patient information is confidential and is protected by the Patient Bill of Rights. Any discussion of patient information in public areas is a violation of hospital policy and requires disciplinary action. Patient records are to be seen only by appropriate hospital personnel. Sensitive information concerning personnel and management issues will be maintained in strictest confidence and utilized only by those authorized to review and act upon it.

**St. Joseph Hospital maintains confidentiality of the patient’s medical record by:**

- Not leaving patient information where it can be seen by anyone other than the healthcare team.
- System generated access password codes for computers.
- Utilization of proper authorization of release of records to patient, physician, attorney, and third person.
- Termination of access codes when an employee leaves.
- Utilizing paper shredders and lock disposal boxes for documents that link patient identification and clinical data.

**Bioethics**

There is an adult and perinatal “Ethics Ready Reference Grid” to assist with the clarification of ethical issues. The Grid is located in the Bioethics Consultation Policy located in the Clinical Manual or the Care Net. There are also individuals who are Ethics “ACES” (Assisting Colleagues with Ethical Situations) available to help identify potential ethical situations.

Additionally, The Ethics Resource Team is available to assist clinical and healthcare professionals regarding ethical considerations. Anyone may request a consultation to clarify a situation. To access the Ethics Resource Team, contact Spiritual Care at ext. 18137, or dial “O” and ask the Operator to page the “on call” Bioethics Resource person. Your request for a consultation will be investigated within 24 hours.
HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT
AND CALIFORNIA PRIVACY LAWS

What Is HIPAA?

HIPAA is the acronym for the federal law known as the Health Insurance Portability and Accountability Act of 1996. Under HIPAA, “covered entities” (such as St. Joseph Hospital) must comply with the regulations that are enforced by the Office of Civil Rights and the Department of Health and Human Services (DHHS).

The “Privacy Rule” Under HIPAA

Under the Privacy Rule, all medical records and any other “individually identifiable” health information in any form, whether electronic, on paper, or oral is considered protected health information (PHI).

Under the Privacy Rule, patients have significant rights to control how their health information is used and disclosed such as:

- The patient must be provided with a clear, written explanation of how the hospital may use and disclose their health information.
- The patient must be provided with the opportunity, upon their request, to see and receive copies of their records; request amendments; and obtain an accounting of disclosures as to their health information.
- The patient has the right to file a formal complaint with the hospital or with the DHHS, about violations of the provisions of the Privacy Rule or the hospital’s policies and procedures.

Disclosures For Treatment, Payment, and Healthcare Operations

St. Joseph Hospital must make reasonable efforts to use or disclose only the minimum necessary amount of protected health information in order to perform the functions of their job. This is the “need to know” rule. You should only be accessing records for which you “need to know” the information. All access is audited. Users can be fined for HIPAA violations.

The Security Standards Under HIPAA

Security standards under HIPAA set forth protections for health information that is stored or transmitted electronically. These include:

- Administrative Safeguards (policies and procedures, staff training).
- Physical Safeguards (access controls, screensavers, locked filing cabinets, visitor sign-in, and other physical safeguards).
- Technical Security Measures (passwords, telephone confirmation when faxing patient information, and automatic and manually log off of computers when not in use).
• Technical Security Mechanisms (controls to monitor access to patient information, and the use of encryption in the transmission of electronic information).
• No unnecessary printing of patient information is allowed.
• No printed patient information is to leave the hospital premises.

INFORMATION TECHNOLOGY USAGE

Information Technology (IT) is intended to improve access to patient information, enhance efficiency, and facilitate communication amongst the healthcare team.

• All usage is to be professional, ethical, and lawful, and consistent with policies.
• Students are not to access the Internet and are not to download or install software of any kind.
• Users are responsible for safeguarding the user ID and password. Access should not be shared with anyone at any time.
• If your student position requires electronic documentation please follow ministry policy and procedure to ensure documentation is co-signed appropriately before your departure from the clinical area.

PATIENT SAFETY

St. Joseph Hospital places top priority on providing high quality and safe care and services to our patients. We utilize a performance improvement process to plan, assess, evaluate quality of care, improve patient care and safety, and continuously seek and act on opportunities to improve quality and value of services.

*Patient Safety and Quality Improvement Issues Notification*

The public, our staff, and physicians, government and The Joint Commission on Accreditation of Healthcare Organizations (TJC) all prioritize patient safety. New standards are continuously being released that govern our approach to safety and error reduction including:

• **Focusing on the systems and processes** that cause errors, not individual people.
• **Reducing risk** of errors from happening again.
• **Proactive actions** to evaluate how we provide care to improve patient safety.
• **Reporting** systems and aggregate data designed to identify patient safety risks.
• **Education** for staff and patients about errors.
**NATIONAL PATIENT SAFETY GOALS (NPSG)**

This chapter tells us the specific requirements for participation in the accreditation process and for maintaining accreditation.

<table>
<thead>
<tr>
<th><strong>THE JOINT COMMISSION (TJC)</strong> National Patient Safety Goals</th>
<th><strong>Key Elements</strong></th>
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<tbody>
<tr>
<td>* Improve the accuracy of patient identification.</td>
<td><strong>Use at least 2 approved patient identifiers</strong> (i.e. First &amp; Last Name, Date of Birth, AA#, MM#) whenever providing care, treatment or service, and for the <strong>safe delivery of blood/blood products</strong>. The patients' room number or physical location may not be used to identify the patient (i.e. room number).</td>
</tr>
</tbody>
</table>
| * Improve the effectiveness of communication among caregivers. | For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information must first; **document the information, read back the complete order or test result** and **receive confirmation** that you understood the information correctly. Standardize a list of abbreviations, acronyms, symbols, and dose designations that are **not to be used** throughout the organization (**Do Not Use List of Abbreviations**). Measure and assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of **critical test results and values**. Implement a **standardized approach to “hand off” communications**, including an opportunity to ask and respond to questions (i.e. SBAR, Ticket-to-Ride). **S = Situation**  
**B = Background**  
**A = Assessment**  
**R = Recommendation** |
| * Improve the safety of using medications | Identify and, at a minimum, annually review a list of **look-alike/sound-alike drugs** used by the organization, and take action to prevent errors involving the interchange of these drugs.  

Label all medications, medication containers &/or other solutions on and off the sterile field (i.e. syringes, medicine cups, IV bags, basins, etc.).  

Reduce the likelihood of patient harm associated with the use of anticoagulation therapy. |
|---|---|
| * Reduce the risk of health care-associated infections | **Always perform proper Hand Hygiene.**  

**Implement evidenced-based practices to prevent:**  
*Multidrug-Resistant Organisms* (i.e. MDRO’s, MRSA, C-Diff, VRE)  
*Central line-associated blood stream infections*  
*Surgical Site Infections*  
*Catheter Associated Urinary Tract Infections*  
*Ventilator Associated Pneumonia*  

Educate the patients and families on how to prevent infections in the hospital and at home |
| * Accurately and completely reconcile medications across the continuum of care | There is a process for comparing the patient’s current medications with those ordered for the patient while under the care of the organization.  

A complete list of the patient’s medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization.  

*The complete list of medications is provided to the patient on discharge from the facility.* |

**MEDICATION RECONCILIATION**  
Is performed on **ADMISSION, TRANSFER, & DISCHARGE**
| *Reduce the risk of patient harm resulting from falls | **Prevent Patient Falls**  
Implement a fall reduction program including an evaluation of the effectiveness of the program *(Falling Star).* |
|---|---|
| *Improve the safety of clinical alarm systems | **Reduce Alarm Fatigue**  
Identify potential risks to patients if the alarm signal is not attended to or if it malfunctions |
| *Encourage patients’ active involvement in their own care as a patient safety strategy | **Actively Involve Patients/Families in their Care**  
Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so (i.e. *Condition H*). |
| *The organization identifies safety risks inherent in its patient population. | **The organization identifies patients at risk for suicide.**  
**Conduct a risk assessment** that identifies specific patient characteristics and environmental features that may increase or decreased the risk for suicide (i.e. *SAD Scale, BERT, PART, Code Gray*). |
| *Improve recognition and response to changes in a patient's condition. | The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening (i.e. *Code Blue, MET Team, Code STEMI, Code Stroke*). |

**Culture of Safety**

In our pursuit of patient safety and high quality care, it is the philosophy of St. Joseph Hospital to encourage and expect the reporting of issues, events and errors. The concept is called “no fear” reporting. It is important for staff and physicians to have a way to report any issues of concern that happen during the process of delivering patient care. Information comes to us from several mechanisms:

- Patient feedback, suggestions and complaints.
- Physician feedback, suggestions and complaints.
- Staff feedback during our annual performance improvement and patient safety climate survey, as well as at staff meetings, safety rounds, employee forums, or other conversations.
• Literature and reports from other hospitals regarding areas that may need to be evaluated and monitored.

As a student at St. Joseph Hospital, you have the right to report concern regarding patient care directly to The Joint Commission. They can be reached at 1-800-994-6610.

**Insuring Patient Safety**
The hospital will to the best of its ability, while the patient is receiving care at the facility, protect the patient from real or perceived abuse, neglect or exploitation from anyone, including staff, students volunteers, other patients, visitors and/or family members.

The Confidential Event Notification is used to communicate information about issues, events, occurrences or incidents. This information also enables the hospital to monitor, trend and improve performance.

If an event or incident occurs, notify the Charge Nurse to compete the on-line event notification process.

• Reportable events include those that directly or indirectly affect the quality of patient care, safety and/or outcomes.
• Examples include:
• All patient falls, equipment or device issues, adverse medication reactions, medication events (those that reach the patient and those that are caught before they reach the patient), issues that occur during patient care diagnostic or treatment procedures, problems with identification procedures.
• When a significant event has occurred, immediately inform the person in charge.
• In addition, Risk Management should be contacted at x18277 immediately whenever any adverse or unexpected outcome significantly alters the patient’s clinical course or plan of care.

**Fall Prevention**
In an effort to promote safety, all patients are assessed for their fall risk upon presentation of care, admission, immediately post fall, and every shift throughout their stay.

Implement fall risk reduction interventions individualized for each patient who presents as a risk for falling. Safety information is also provided to the patient and family as warranted. An environmental assessment of the patient location is conducted by the staff to assure safety when moving about the room. Evaluating the patients’ needs on an ongoing basis is an important strategy to prevent falls. Such strategies would include assessing for; room modifications, bed in low and locked position, call-light in reach, or other such provisions in the Plan of Care.

**Medication Safety**
As part of St. Joseph Hospital’s Patient Safety Program, and in compliance with The Joint Commissions (TJC) National Patient Safety Goals, the hospital and medical staff have developed
a list of those abbreviations that are not to be used, as they have been linked in the literature to medication prescribing, administration, and other errors.

<table>
<thead>
<tr>
<th>DO NOT USE</th>
<th>APPROVED ALTERNATE</th>
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<tbody>
<tr>
<td>U</td>
<td>“Unit” or “Units” (write out)</td>
</tr>
<tr>
<td>IU</td>
<td>“International Unit” or “Units” (write out)</td>
</tr>
<tr>
<td>Q.D., QD, q.d., qd</td>
<td>Write out “daily” or “Q Day”</td>
</tr>
<tr>
<td>Q.O.D.</td>
<td>Write out “every other day”</td>
</tr>
<tr>
<td>Trailing Zero (X.O.)</td>
<td>Never write a zero by itself after a decimal point (Xmg)</td>
</tr>
<tr>
<td>Lack of Leading Zero (.X)</td>
<td>Always use a zero before a decimal point (0.Xmg)</td>
</tr>
<tr>
<td>MS, MS04 or MgS04</td>
<td>Write out as “morphine” or “magnesium sulfate”</td>
</tr>
<tr>
<td>μ, ug or Ug (mu sign)</td>
<td>Write “mcg” or “mCg”</td>
</tr>
<tr>
<td>T.I.W. (for three times a week)</td>
<td>Write “3 times weekly” or “three times weekly”</td>
</tr>
<tr>
<td>Ss, SS (used for half)</td>
<td>Write “half”</td>
</tr>
<tr>
<td>\ or / (slash) with numbers</td>
<td>Per (write out) or use a dash (-)</td>
</tr>
<tr>
<td>Apothecary Measures like “Gr”</td>
<td>Use metric or write out</td>
</tr>
</tbody>
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CULTURAL HUMILITY

St. Joseph Hospital is located in one of the most multiethnic communities in the nation. The major groups served are Caucasian, Latino/Hispanic, and Vietnamese.

One of St. Joseph Hospital’s goals is to create an environment where in every interaction will be experienced as a Sacred Encounter. Cultural humility is intrinsic to that goal and can be obtained by developing awareness of personal beliefs and/or biases and by listening to each patient’s individual beliefs about wellness and health care. In reaching its goal the hospital encourages self reflection and lifelong learning.

_Cultural Humility: A Vital Part Of Patient Care_

Providing excellent and compassionate patient care requires that staff become aware of their personal cultural history and possible biases in order to cultivate an awareness of others’ perspectives. To assure that we meet the needs and expectations of our patients, staff should
become proficient in patient focused assessments and interviews that reveal each patient’s individual, personal, familial and cultural health care/wellness beliefs and care traditions.

This eliminates the need to become experts in multiple cultures’ traditions which will become unachievable as demographics continually change and which can also lead to a misleading sense of “having all the answers”.

By encouraging and listening to each patient’s health story, staff learn how much culture does, or does not, play into that patient’s beliefs thus allowing creation of a therapeutic regime that is less apt to be based on assumptions which emanate from incomplete, summarized and sometimes stereotypical cultural information.

St. Joseph Hospital’s focus on Sacred Encounters encourages communication that is patient focused and requires total presence.

- **Obtain Background Information on the Patient** - What is the patient’s connection with their ethnic group / that culture’s beliefs and traditions?

- **What are the Family Processes?** - Who is the patient’s support system? What does the decision making process involve in the patient’s family? Who is the family spokesperson. For example: some patients cultures focus on extended family and kin networks and possibly a “gatekeeper” or the person who is usually consulted when decisions need to be made. It may be a role that is relegated to the oldest male, the most English literate, or someone within the family network that speaks the best English.

- **Obtain Information About the Patient’s Situation** - What are their reasons for seeking help? What are some ideas about the reasons for the illness? Have the patient describe their previous treatment experiences. How has that shaped their expectation of health care (outcome)?

- **Environment/Culture** - Be aware of physical factors that might influence accessibility to preventative healthcare, social factors that may contribute to the success of treatment plans, and other symbolic influences, such as those factors that may cause shame or stigma.

- **Discuss Their Expectations** – What kind of treatment do they think they should receive? What are the most important results that they hope to receive? What have they experienced in the past? What would they like to include this time?

- Some patients may not be aware of options, alternatives, and realistic expectations from treatment because of limited exposure to medical practices.
• **Obtain Information On Cultural Factors That Affect Treatment** - Determine the patient’s feelings/attitudes regarding: healing beliefs and practices, values, diet, relevant family processes, and other factors.

• Be aware of the patient’s style of verbal and non-verbal communication. Ask the patient what their understanding of the illness is, with questions such as: What name does it have? What is its origin? Is it organic or supernatural? What does it do to you? How does it affect you? Is it long-term or short-term? Why did it start when it did? What do you think caused it?

• **Include Spirituality as a Part of the Patient Assessment** - What role does religion play in the patient’s life? How do they feel about their illness in regards to their belief system? Is this illness considered a punishment? What kind of religious support would the patient like? Advise the patient that Chaplains from the Spiritual Care Department are available to provide support.

• **Value of Illness Threat Reduction (Subjective Estimates of)** - What is the patient’s belief in the diagnosis? What is their perception of their vulnerability to illness in general? What is their fear about the extent of possible bodily harm, and the extent of possible interference with social roles? What is the presence of (or past experience with) symptoms? Will it affect their ability to function as the caretaker or breadwinner?

### INFECTION PREVENTION AND CONTROL

The hospital environment is very different from the rest of the world in terms of infection prevention and control for three reasons:

• Patients may have infections with pathogenic microorganisms (usually bacteria and viruses) not usually seen in healthy people.

• **Patients are at much higher risk of becoming infected than healthy people.** They have surgical wounds, tubes in their bodies, and many underlying diseases that make them **highly susceptible hosts**. Small numbers of organisms that would not affect a healthy person may be life threatening to our patients.

• Because of the close proximity of patients and the fact that healthcare providers frequently move between rooms.

For these reasons, when working in the hospital, you have a responsibility to observe certain rules that may not be necessary in your day-to-day life.

**Hand Hygiene**

Hand hygiene is the single most important means of preventing the spread of infection. **The Centers for Disease Control says ...**
The most common mode of transmission of pathogens is via the hands
- Hand hygiene reduces the incidence of healthcare associated infections
- More widespread use of hand hygiene products promotes patient safety

Indications for hand hygiene include the following:
- Before and after direct contact with **ALL** patients. Wearing gloves is not a substitute for hand washing.
- After removing gloves.
- Before donning sterile gloves when inserting a central intravascular catheter or other invasive procedure.
- Before inserting indwelling urinary catheters, or other invasive devices that do not require a surgical procedure.
- After contact with a patient’s intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient).
- After contact with body fluids or excretion, mucous membranes, non-intact skin, and wound dressings, even if hands are not visibly soiled.
- After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
- If moving from a contaminated body site to a clean body site during patient care.
- Before and after touching wounds.
- Before feeding patients.
- Before preparing or administering medication.
- Before eating, drinking, touching mucous membranes, eyes, or contact lenses.
- After blowing your nose, covering a cough, combing your hair, or going to the bathroom.

The latest CDC Hand Hygiene Guidelines recommend that healthcare workers use alcohol-based products (gels, rinse or foam) to routinely clean their hands. However, there are four exceptions to this recommendation when soap and water must be used instead of alcohol-based products. These exceptions:
- When hands are visibly soiled
- When working with a patient with *Clostridium difficile*
- Before eating or drinking
- After using the bathroom

In these instances, **HAND WASHING with water should be for a minimum of 15 seconds**, using a hospital approved soap, running water and friction, **to ensure that all hand surfaces including between the fingers and under nails are included.**

**Respiratory Hygiene for ALL Respiratory and Rash Illness**

The emergence of new pathogens and the resurgence of old pathogens (e.g. SARS, avian and other forms of influenza, tuberculosis, Pertussis) require that we maintain a **high index of suspicion** when patients present with undiagnosed respiratory or rash illness.
Patients with fever or cough or undiagnosed rash should be placed in Droplet Precautions and instructed to practice Respiratory Hygiene/Cough Etiquette until precautions have been determined to be unnecessary. These precautions include:

- Wait in a separate area, if possible at least 6 feet away from other persons.
- Wear a procedural or surgical mask until placed in proper isolation room.
- Cover their cough or sneeze with a tissue.
- Use tissues to contain respiratory secretions and dispose of them in a waste receptacle after use.
- Perform hand hygiene after having contact with respiratory secretions and contaminated objects.

SPECIAL NOTE: at times, federal or local health authorities may require a higher level of precaution for respiratory illness. Examples of these times include periods of pandemic influenza with novel or highly virulent strains of organisms. All healthcare providers should follow the precaution level established, recognizing that precautions may change with a change in community health patterns. The Aerosol Transmissible Disease Plan is available for review on the St. Joseph CareNet or Infection Control Department.

**Standard Precautions**

Standard Precautions require healthcare workers (and others) whose activities involve contact with patients or with blood and body substances to:

- **Observe a single level of precautions for all patients at all times** regardless of their known disease status.
- ** Routinely use appropriate protective barriers** and procedural precautions to prevent needle sticks, mucous membrane, and non-intact skin exposure to blood and body substances.
- **Wear gloves** when touching blood, body substances, mucous membranes, or non-intact skin of patients, and when handling items soiled with blood or body substances.
- **Wear face protection** (masks and protective eyewear) and **fluid-resistant gowns** during procedures that are likely to generate droplets or splashes of blood or body substances.
- Use extreme care when handling needles, scalpels, and other sharp instruments. **Do NOT recap needles.** Sharp-engineered devices are required of all hospital staff when available. **Dispose of sharps (needles and disposable instruments)** into puncture-resistant containers at **point-of-use**. Failure to properly dispose of contaminated needles and sharps is a serious breach of infection control policies and can lead to discipline and/or termination.
- **Perform hand hygiene** between patient contact, after removing gloves, or when soiled with blood or body substances
- Use resuscitation barrier devices for mouth-to-mouth breathing.
- The Blood Borne Pathogen Plan is available for review on the St. Joseph CareNet or the Infection Control Department.
Isolation

The type of isolation precautions used for a patient is determined by the mode of transmission of the patient’s infectious disease. Types of precautions utilized at St. Joseph Hospital are Contact, Contact with Spore Precautions, Droplet and Airborne. The Infection Control Manual contains a detailed list of diseases and the required precautions for each.

Multi-Drug Resistant Organisms (MDROs) and Clostridium difficile

Bacteria that have developed resistance to the killing power of all but one or two commercially available antimicrobial agents are called Multi-Drug Resistant Organisms. MDRO’s may be found both in the community and in hospitals. These bacteria pose a special danger to those who have severe or chronic disease, or who are over 65 years of age. Some common examples of these highly resistant bacteria include MRSA, VRE, Clostridium difficile and ESBL (certain strains of E. coli, Klebsiella and Acinetobacter).

MRSA, VRE, Clostridium difficile and ESBL can be passed from person to person by contact with someone who has the bacteria, generally by touching hands that have been contaminated with body fluids or environmental surfaces containing the bacteria.

Early identification of patients harboring these organisms followed by appropriate isolation, environmental cleaning, use of patient specific equipment and hand hygiene are essential.

General Procedures For Personal Protection

- Become familiar with the Infection Control Manual as it relates to your job tasks.
- Do NOT eat, drink, smoke tobacco, chew tobacco, dip tobacco, or apply cosmetics or contact lenses in your work area. Always perform hand hygiene before doing these things.
- Store all food in Food Only refrigerators.
- Cover/cap prepared foods and drinks when transporting out of cafeteria or vending machines to eating location.
- Wear protective barriers when it is indicated and observe infection control and safety procedures consistently.
- Wear a mask (i.e. Droplet Precautions) for close contact with patients exhibiting signs of respiratory infection.
- Information on personal protective equipment type, proper use, location, removal, handling, decontamination and disposal can be found on the in the Infection Control Manual under the Isolation Practices tab on the St Joseph Carenet or in the Infection Control Department.
- Refrain from all direct patient care activities and contact with blood or body substances if the healthcare worker has exudative lesions or weeping dermatitis.
- Wear an N95 or PAPR (powered air purifying respirator) when performing aerosol generating procedures (i.e. bronchoscopy, intubation, nasopharyngeal aspiration) on patients in AIIR (airborne infection isolation rooms). PAPR’s are required as of September, 2010.
Sterilization and Disinfection

- The effective use of antiseptics, disinfectants, and sterilization procedures are important in the prevention of healthcare associated infections. Equipment and instruments used in patient care are disinfected or sterilized based on what part of the patient’s body the equipment contacts. Items that go through the skin or into a body cavity require higher levels of sterilization or disinfection than those that touch only intact skin.

- **Sterilization** is the complete elimination or destruction of all forms of microbial life, including highly resistant bacterial spores. Steam under pressure (autoclaving), dry heat, ethylene oxide gas, and liquid chemicals are the principal sterilizing agents used in hospitals.

- **Disinfection** is a process that eliminates many or virtually all pathogenic microorganisms on inanimate objects with the exception of bacterial spores. This is generally accomplished by the use of liquid chemicals in the healthcare setting.

- Cleaning, sometimes referred to as **decontamination**, is the removal of foreign material (e.g. soil, organic material) from objects. It is normally accomplished with water, mechanical action, and detergents. Chemical germicides are used primarily for disinfection of the environment. Equipment such as bedpans, blood pressure cuffs, crutches, bedrails, bedside tables and patient furniture are examples and must be disinfected using hospital approved disinfectant or disinfectant wipes (PDI Sanicloth wipes or Cavacide) according to hospital policy using hospital disinfectants.

- If a patient has Clostridium difficile diarrhea use Clorox Bleach wipes to disinfect shared equipment to ensure spores are killed.

- **Patient care equipment** MAY NOT be shared between patients unless it is disinfected. (This includes equipment that only comes in contact with intact skin such as blood pressure monitoring and other vital sign monitoring equipment). For isolation patients, dedicated equipment is preferred whenever possible.

Infection Control During Construction and Renovation

Construction, demolition, and remodeling activities in or around hospitals may cause disturbance of existing dust, or create new dust. In addition, construction activities may interrupt or disturb plumbing and water systems. Protective measures and infection control protocols are followed during construction activities inside or outside of the hospital.

Those measures and protocols include:

- **Dust Barriers** – Plastic or drywall containment.
- **Control of Air Flow** – Negative air pressure with airflow exhausted to the outside with appropriate filtration, or HEPA filtered if re-circulated.
- **Debris and Material Access Routes** – Transport of debris or supplies in containers with tightly fitted covers using dedicated traffic routes.
- **Monitoring of the environment** before, during, and after construction activities.
**Air Handling System**

The air handling system can be set to minimize airborne contamination from one area of the hospital to another.

- Certain patients with highly infectious diseases that are spread by the airborne route require **negative air pressure**. The air flows **into the room**. For example: Tuberculosis patient in isolation.
- There are electronic monitors outside the room to make sure that the airflow is negative. To check to see if the monitor is working, you can hold a piece of tissue at the base of the door or at the slightly opened door and see if the tissue draws/pulls into the room.
- Certain patients who are severely immunocompromised require **positive air pressure**. The air flows **out of the room**. Example: Bone marrow transplant patient.

**Preventing Surgical Site Infections**

Measures to decrease the risk of wound infections following a surgical procedure include:

- Administration of appropriate prophylactic antibiotics at the correct time to ensure adequate tissue levels at the time of the skin incision
- Removal of hair at the surgical site, only if necessary, with clippers, never razors, as close to the time of surgery as possible in order to prevent bacterial growth in microscopic skin nicks
- Control of blood glucose levels in certain patients
- Control of hypothermia during the surgical procedure

**Preventing Central Line Related Infections**

Measures to decrease the risk of infections related to central lines include:

- Hand hygiene when inserting or accessing central lines
- Maximal sterile barriers used during insertion (large drape, mask, cap, sterile gown and sterile cloves)
- Proper skin site cleansing and preparation at the time of line insertion
- Proper dressing and tubing changes including the use of BioPatch dressing
- Proper cleansing of the hub when accessing central lines
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<td>Diphtheria/Pharyngeal</td>
<td>Droplet</td>
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<td>Two Neg. Cult.</td>
<td>Taken 24 hrs. apart.</td>
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<td>Ebola viral hemorrhagic fever</td>
<td>Contact &amp; Airborne</td>
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<td>Epiglotitis, due to Haemophilus influenza</td>
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<td>Duration of Illness</td>
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<td>Marburg virus disease</td>
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<td>Blood&amp;Body fluids/ Resp. Secretions</td>
<td>Duration of Illness</td>
<td>Call Health Dept. and CDC for Management Neg. Pressure Room</td>
</tr>
<tr>
<td>Measles (congenital rubella)</td>
<td>Contact</td>
<td>Resp. Secretions</td>
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<td></td>
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<tr>
<td>Measles (rubella), all presentations</td>
<td>Droplet</td>
<td>Resp. Secretions</td>
<td>Until 7 days after →</td>
<td>Onset of rash.</td>
</tr>
<tr>
<td>Meningitis - Neisseria (meningococcal)</td>
<td>Droplet</td>
<td>Resp. Secretions</td>
<td>After 24 hrs of →</td>
<td>Effective therapy.</td>
</tr>
<tr>
<td>Meningococcal pneumonia or Sepsis</td>
<td>Droplet</td>
<td>Resp. Secretions</td>
<td>After 24 hrs of →</td>
<td>Effective therapy.</td>
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<tr>
<td>Multidrug-resistant organisms, infection or colonization, GI, Resp., Skin, Wound, burn</td>
<td>Contact</td>
<td>Until off Antibiotics &amp; Culture Negative</td>
<td>See Infection Control Manual</td>
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<tr>
<td>Mumps (infectious parotitis)</td>
<td>Droplet</td>
<td>Resp. Secretions</td>
<td>For 9 days after →</td>
<td>Onset of swelling.</td>
</tr>
<tr>
<td>Mycoplasma pneumonia</td>
<td>Droplet</td>
<td>Resp. Secretions</td>
<td>Duration of Illness</td>
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<tr>
<td>Parainfluenza virus infection, respiratory</td>
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<tr>
<td>Parvovirus B19</td>
<td>Droplet</td>
<td></td>
<td>Duration of Hospitalization</td>
<td>When chronic disease occurs in an immunodeficient patient.</td>
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<tr>
<td>Pertussis (whooping cough)</td>
<td>Droplet</td>
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<td>After 5 days →</td>
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<tr>
<td>Plague - Pneumonic</td>
<td>Droplet</td>
<td>Resp. Secretions</td>
<td>After 24 hrs of →</td>
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<tr>
<td>Pneumonia, H. Influenza - Infants/Children</td>
<td>Droplet</td>
<td>Resp. Secretions</td>
<td>After 24 hrs of →</td>
<td>Effective therapy.</td>
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<tr>
<td>Respiratory Syncytial Virus (RSV)</td>
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<tr>
<td>Rotavirus, Diapered/Incontinent Patient</td>
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<td>Scabies</td>
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</tr>
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<td>Shigella, Diapered/Incontinent Patient</td>
<td>Contact</td>
<td>Feces</td>
<td>After 24 hrs of →</td>
<td>Effective therapy.</td>
</tr>
<tr>
<td>Staphylococcal disease Skin, wound,burn/Major</td>
<td>Contact</td>
<td>Pus</td>
<td>Duration of Illness</td>
<td>If &lt;6 years of age.</td>
</tr>
<tr>
<td>Staphylococcal disease (Methicillin resistant) MRSA</td>
<td>Contact</td>
<td></td>
<td></td>
<td>Mask must be worn for respiratory infection</td>
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<tr>
<td>Tuberculosis - Pulmonary or Laryngeal</td>
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<tr>
<td>Wound infections, Major</td>
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<td>Pus</td>
<td>Duration of Illness</td>
<td>Susceptible persons not to enter room if other immune caregivers are available. Neg. Pressure Room</td>
</tr>
<tr>
<td>Zoster (varicella-zoster) Disseminated, Localized in immunocompromised patient</td>
<td>Contact &amp; Airborne</td>
<td>Resp. Secretion, &amp; Pus</td>
<td>Duration of Illness</td>
<td></td>
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**ISOLATION PRECAUTIONS FOR SELECTED INFECTIONS & CONDITIONS**

- **Contact**
- **Droplet**
- **Airborne**
- **Neg. Pressure Rm.**
- **Call Health Dept. and CDC for Management**
- **See Infection Control Manual**
- **See VRE Policy. Mask for respiratory tract only.**
## DISEASE EXAMPLES

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<td>All blood, body fluids, secretions, excretions, and contaminated items</td>
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<tr>
<td>All Aseptic/Viral Meningitis Patients</td>
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<tr>
<td>All other diagnosed bacterial meningitis patients</td>
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</tbody>
</table>

### TRANSPORT OF PATIENT

- Clean gown for patient
- Cover all open wounds
- Regular mask for patient
- Notify area receiving patient
- Regular mask for patient
- Notify area receiving patient
- Regular mask for patient (MRSA or VRE respiratory infections, Adenovirus, RSV only)
- Notify area receiving patient

### MISCELLANEOUS

- Avoid contaminating environmental surfaces with gloves
- Teach patient to cover nose and mouth when coughing or sneezing
- Cohort requires three feet of patient separation
- Remove gloves and gown, wash hands before leaving patient room
- Remove gloves, mask, and gown, wash hands before leaving patient room

### NOTES: FOR FURTHER INFORMATION, REFER TO INFECTION CONTROL MANUAL OR CALL INFECTION CONTROL DEPARTMENT AT EXTENSION 18105

1. Except certain circumstances determined by Infection Control, e.g., neutropenic/transplant patients.
2. Red bag all waste and linens (biosafety level 4 diseases).
3. Refer to hospital specific policy.
4. All personnel should know their chickenpox, measles, mumps and rubella status (only immune personnel should care for these patients).
5. Handle needles, syringes, and sharps with care. Use rigid containers for disposal. DO NOT recap, bend needles. For exposure to blood/body substances—immediately wash site, notify supervisor and within one hour, seek exposure evaluation.
6. For exposure to blood/body substances—immediately wash site, notify supervisor and within one hour, seek exposure evaluation.

### PRIVATE ROOM

- No
- Yes – Door closed
- Yes
- Yes
- Yes

### HANDWASHING

- Yes
- Yes
- Yes
- Yes
- Yes

### GLOVES

- For body substances
- See Standard Precautions
- See Standard Precautions
- Yes
- Yes

### GOWN

- If soiling likely
- See Standard Precautions
- See Standard Precautions
- Yes
- Yes

### MASK

- Protect face if splash likely
- N 95 Respirator for TB
- All others, regular mask
- Yes
- Patients with “respiratory illness” are to wear a mask when not in isolation environment
- Masks per hospital policy
- N 95 Respirator for SARS, Smallpox
- All others, regular mask

### HEAD COVERINGS

- No
- No
- No
- No
- Yes

### GOGGLES/FACE SHIELD

- Protect face if splash likely
- See Standard Precautions
- See Standard Precautions
- See Standard Precautions
- Single use or disinfect before next patient
- Yes

### SPECIAL HANDLING OF EQUIPMENT

- No, all blood/body substances handled with care
- See Standard Precautions
- See Standard Precautions
- Yes

### TRANSPORT OF PATIENT

- Clean gown for patient
- Cover all open wounds
- Regular mask for patient
- Notify area receiving patient
- Regular mask for patient
- Notify area receiving patient
- Regular mask for patient (MRSA or VRE respiratory infections, Adenovirus, RSV only)
- Notify area receiving patient
- Yes

### MISCELLANEOUS

- Avoid contaminating environmental surfaces with gloves
- Teach patient to cover nose and mouth when coughing or sneezing
- Cohort requires three feet of patient separation
- Remove gloves and gown, wash hands before leaving patient room
- Remove gloves, mask, and gown, wash hands before leaving patient room

### NOTES:

- For further information, refer to Infection Control Manual or call Infection Control Department at Extension 18105.
STAY HEALTHY

Do not come to the hospital if you are ill, or are becoming ill. We have a responsibility to prevent exposing patients to colds, flu, and other common infections.

HAZARDOUS CHEMICALS

You are the most knowledgeable on the hazards of materials in your possession.
- Know properties of biological materials/chemicals you use before you handle them
- Know where your department's MSDS book is located
- Know what appropriate work practices are & use them, wear your PPE
- Know what the worst case scenario is for a spill of the chemicals you use
- Think about how you will react to a spill of the materials you use
- Know what appropriate clean-up procedures are for the materials you use

Material Safety Data Sheets (MSDS) lists:
- Chemical Identity – Name of chemical, manufacturer, how to contact
- Hazardous Ingredients – list of ingredients that can be dangerous
- Physical/Chemical Characteristics – what it looks and smell like
- Fire and Explosion Data – when will it burn, when will it explode
- Reactivity - adverse reaction with other substances
- Health Hazard Data – how it may harm you, routes of entry
- Precautions and Safe Handling - spill measures, disposal, etc.
- Control Measures – PPE

TO ACCESS MATERIAL SAFETY DATA SHEETS 24/7 via 3E ONLINE:

- **Step 1:**
  - Click on SJO Clinical Applications
  - Go to “General Resources”
- **Step 2:**
  - Click on MSDS Material Safety Data - This takes you directly into the 3E Online/SJHS portal
- **Step 3:**
  - Click on (M)SDS at top
  - Enter search criteria
  - Or call: 800-451-8346
HOSPITAL SAFETY

Hospital Emergency Codes - Dial “66” for All Emergencies (911 for off-site buildings)

<table>
<thead>
<tr>
<th>CODE</th>
<th>EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow</td>
<td>Bomb Threat</td>
</tr>
<tr>
<td>Orange</td>
<td>Hazmat Exposure/Spill</td>
</tr>
<tr>
<td>Red</td>
<td>Fire</td>
</tr>
<tr>
<td>Blue</td>
<td>Adult Medical Emergency (&gt;17 years)</td>
</tr>
<tr>
<td>White</td>
<td>Pediatric Medical Emergency (&lt;17 years)</td>
</tr>
<tr>
<td>Gray</td>
<td>Assaultive Person</td>
</tr>
<tr>
<td>Silver</td>
<td>Person With A Weapon or Hostage</td>
</tr>
<tr>
<td>Pink</td>
<td>Infant Abduction (&lt; 1 year)</td>
</tr>
<tr>
<td>Purple</td>
<td>Child Abduction (&gt; 1 year, &lt; 18 years)</td>
</tr>
<tr>
<td>Green</td>
<td>Eloping Patient</td>
</tr>
<tr>
<td>Triage</td>
<td>Disaster – Internal / External</td>
</tr>
<tr>
<td>Triage Stand By</td>
<td>Emergency Radio on Channel 1</td>
</tr>
</tbody>
</table>

In the event of an emergency report to your Manager/Supervisor for assignment

Call a Code Red when you see sustained Smoke or Flame

Reporting and Responding to a Fire:

To respond rapidly and effectively use the RACE procedure

<table>
<thead>
<tr>
<th>R</th>
<th>RESCUE</th>
<th>persons in immediate danger</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>ALARM</td>
<td>activate nearest pull station and Dial 66</td>
</tr>
<tr>
<td>C</td>
<td>CONFINE</td>
<td>close doors and windows to contain smoke &amp; fire</td>
</tr>
<tr>
<td>E</td>
<td>EXTINGUISH/ EVACUATE</td>
<td>extinguish if trained &amp; safe to do so or evacuate</td>
</tr>
</tbody>
</table>

Evacuation:
- Horizontal through Fire Doors
- Never use elevators
- Follow designated escape routes
ELECTRICAL SAFETY

Five Steps to Avoid Electrical Accidents

1. The third prong on the power plug is one of the most important safety features on some devices. **Do not plug in any patient care equipment without the third grounding prong in place!**
2. Do not use extension cords except in an approved emergency.
3. Do not unplug devices by pulling on the power cord.
4. Do not use wet, damaged or obviously defective equipment.
5. Always perform a visual inspection on equipment before using it for patient care.

Notify the staff member of any malfunctioning equipment.

Lockout/Tagout

- Follow Lockout/Tagout procedures whenever equipment is not safe to use.
- The OSHA Lockout/Tagout Standard is designed to prevent injury and death when utilities and equipment are being serviced or repaired, or when it is not safe to use the utilities or equipment until repair or service has been performed.

### FOR LOCKOUT/TAGOUT REPAIR/EVALUATION

<table>
<thead>
<tr>
<th>Dept.:</th>
<th>Item Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem:</td>
<td></td>
</tr>
<tr>
<td>- Won't turn on</td>
<td></td>
</tr>
<tr>
<td>- Won't infuse</td>
<td></td>
</tr>
<tr>
<td>- Alarms all the time</td>
<td></td>
</tr>
<tr>
<td>- Doesn't deliver preprogrammed volume</td>
<td></td>
</tr>
<tr>
<td>- Plug/cable broken</td>
<td></td>
</tr>
<tr>
<td>- Missing piece (explain):</td>
<td></td>
</tr>
<tr>
<td>- Display panel not visible</td>
<td></td>
</tr>
<tr>
<td>- Other, please describe:</td>
<td></td>
</tr>
</tbody>
</table>

Did you complete:  
- [ ] Lockout Procedure   
- [ ] Call BioMed x8136   
- [ ] QA Form #___

Reported By: ___________________________  Reported Date: ____________  Time: ____________

For BioMed Use Only  TAG#_________________________
INSTRUCTIONS FOR USING ID BADGE SAFETY INFORMATION

The Safety Information Tags should be placed behind your ID badge and worn whenever you are on duty. This information is a Quick Reference Guide, which can be used with or without further instruction, but will be most helpful as an adjunct to the Environment of Care Manual.

Side 1

St. Joseph Hospital, Orange, CA

EMERGENCY CODES

Security x 18050
Safety Officer x 12333
Patient Safety Officer x 17798
Radiation Safety Officer x 18153
Infection Control x 18105
Plant Operations x 15000
Biomedical Engineering x 18136
Employee Health x 18055
Risk Management x 18053
Disaster Information Line x 18121
Hospital Command Center (HCC) x 18881

Side 2

FIRE:
R Rescue those in immediate danger
A Alarm & Dial “66” or “911” (off site bldgs)
C Confine by closing doors & windows
E Extinguish or Evacuate

EXTINGUISH:
P PULL PIN OUT
A AIM LOW AT BASE OF FIRE
S SQUEEZE HANDLE
S SWEEP BACK & FORTH

St. Joseph Hospital

3E Online MSDS search:

Step 1:
• Click on SJO Clinical Applications
• Go to “General Resources”

Step 2:
• Click on MSDS Material Safety Data (takes you directly into the SJHS portal)

Step 3:
• Click on (M)SDS at top
• Enter search criteria
BASIC BODY MECHANICS

Remember these simple rules to help you avoid injury:

1. Lift with your legs not your back. Your leg muscles are the most powerful muscles in your body. Keep your back straight. Bend your knees and lower your center of gravity for stability.

2. Use of broad base of support. Stand with feet apart at least the width of your hips for side-to-side stability. Stand with one foot slightly forward of the other for forward-backward stability.

3. Move as close to the object/person you will be lifting as possible. The weight of the object increases greatly by the distance it is held away from the body.

4. Always lift straight up, balance the load, and then pivot with your feet toward the direction you wish to move. Lifting and twisting (no pivot) is the cause of 80% of all back injuries, so move those feet.

5. Use a footstool, ladder, etc, to raise your hips (center of gravity) as near the object to be lifted from overhead. Never try and lift blindly without testing the load. You should be able to see over the top of the object begin lifted or as near as possible.

6. If you have sized up the situation and determined it is too much for one person, get help, do not attempt to do this task alone.

7. Do not move more than one cart at a time.

Remember To Use Safe Patient Handling Systems

The hospital has provided a system of safe patient handling tools for your use to make patient mobility safer and easier for all. This system centers on the use of lifting devices, transfer aides and the Patient Lift Team, which is available through the Resource Center at extension #15000. It is every patient care provider’s responsibility to become familiar with and use the entire safe patient handling system available to promote a safer environment for our patients and staff.

LIBRARY RESOURCES

The Burlew Medical Library offers over 600 journals and 10,000 books, as well as online access to over 850 e-journals and 100 e-books for use by St. Joseph Hospital employees, physicians, residents and students. You may search the library’s collection in CyBurCat, our web-based catalog of books, journals and multimedia available through the Burlew Medical Library website. To access the Library’s website, go to http://www.burlewmedicallibrary.org (ID: library, Password: web).
Burlew Medical Library also offers a website dedicated to consumer health information at [http://www.sjhhealthresourcecenter.org](http://www.sjhhealthresourcecenter.org). This website is open to the public. A small consumer health library is also available in the lobby of Building 2.

**Reference / Research Services**

- The professional library staff will train you to search a wide variety of medical and nursing databases including PubMed, UpToDate, CINAHL, Cochrane, Clinical Key, and more. Call or come into the library to schedule an appointment. Small group and one-on-one training sessions are available.
- The library offers several computer stations with access to MS Office and the Internet. A printer and photocopier are also available (5¢ per page).
- Students may check out books, the check out period is 3 weeks.
- Document delivery services, we can obtain articles for you that the library does not have in its collection for a fee.

**What Can the Medical Library Provide For You?**

- Access to current medical and nursing information.
- Timely information re: difficult or unusual clinical situations.
- Management information including benchmarking data, trends in healthcare and business, legislative information, statistics, information for speeches, proposal presentations and more.
- Patient education, many topics are also available in languages other than English.
- Assistance to all St. Joseph Hospital employees in the pursuit of advanced degrees.
- Save you time in getting the information you need.

The Burlew Medical Library is located on the St. Joseph Hospital campus, on the first floor of the Sr. Frances Dunn building.

**Library Hours:** 8:30 am-5:00 pm, Monday-Friday  
**Telephone:** (714) 771-8291  
**Fax:** (714) 744-8533

Danielle Linden, MLIS, AHIP, CHIS  
Manager, Burlew Medical Library  
danielle.linden@stjoe.org
ST. JOSEPH HOSPITAL STUDENT PARKING LOCATION

All students present at St. Joseph Hospital between the hours of 4:15a.m. and 2:30p.m. Monday through Friday, will be required to park at the offsite parking location at the Cancer Center Parking Structure located at 1010 LaVeta Ave., Orange, near the on-ramp to the 22 Freeway West.

Your yellow SJH Student ID badge will allow you access into the new location, students must park on the 5th and 6th levels only.

✓ On your first day pull a ticket to get into the structure. When you exit that day, you must write on the ticket your name, SJH Student, and your student badge#. Give the ticket to the booth attendant when leaving.
✓ On your last day at SJH you will pull a ticket to enter (don’t use your badge), you’ll need this ticket when exiting and the validation ticket you will get from Security when returning your student badge.

Please see the attached map.

Weekend and night students may park in the Employee Structure located on Main Street.

If you have any other questions please feel free to call Denise Blanchard at (714) 771-8972
Pedestrian Walkway
to St. Joseph Hospital
GENERAL ORIENTATION CONFIRMATION FOR STUDENTS
2017

I have received the orientation packet including information related to:

☐ ST. JOSEPH HOSPITAL MISSION, VISION, AND VALUES
☐ POLICIES CONCERNING STUDENTS
☐ CODE OF CONDUCT
☐ PATIENT RIGHTS AND RESPONSIBILITIES
☐ CONFIDENTIALITY
☐ HIPAA
☐ IT USAGE
☐ PATIENT SAFETY
☐ CULTURAL HUMILITY
☐ INFECTION PREVENTION AND CONTROL
☐ STAY HEALTHY
☐ HAZARDOUS CHEMICALS
☐ HOSPITAL SAFETY
☐ ELECTRICAL SAFETY
☐ INSTRUCTIONS FOR USING ID BADGE SAFETY INFORMATION
☐ BASIC BODY MECHANICS
☐ LIBRARY RESOURCES
☐ SJH STUDENT PARKING LOCATION

My signature below indicates that I have completed reading the above. I know that if I have questions or need clarification that I may ask my Clinical Instructor/Preceptor.

Name (Print): ___________________________________________ Date: __________________________
Signature: _______________________________________________ Major: _________________________
School: _________________________________________________ Instructor: _______________________

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