



*Sutter Medical Center
of Santa Rosa*

A Sutter Health Affiliate

With You. For Life.

Sutter Training Annual Review



Clinical

October 2009

Sutter Training and Annual Review

Students

Read and review each section of the learning packet and answer the associated questions on the evaluation sheet. If you have any questions please contact your instructor.

When all sections are completed return the completed post-test to your instructor who then will send it to the Education Department for filing. **In keeping with our policy, the post-test must be received by the Education Department by the end of the first clinical week.**

Contract Staff

Read and review each section of the learning packet and answer the associated questions on the evaluation sheet.

Return the completed answer sheet to your manager. This packet must be reviewed and the post-test must be submitted before any clinical orientation/work is begun.

Traveler Staff

Read and review each section of the learning packet and answer the associated questions on the evaluation sheet. Sign all agreements/verification as indicated. Return the completed paperwork to the HR representative. This packet must be completed before any clinical orientation work is begun.



Hazardous Materials Review

HAZARDOUS CHEMICALS

Hazardous chemicals are all products that have labels containing hazard warnings or have Material Safety Data Sheets (MSDS). As an employee, you need to be familiar with the hazardous chemicals used in your specific department.

Hazardous chemicals are categorized into **four main groups**:

- **Flammable:** Substances that catch fire easily.
- **Corrosives:** Acidic and caustic materials that can damage human tissue (skin, eyes, respiratory system).
- **Toxics:** Substances that are poisonous to the body's organs (solvents, gases, sensitizers etc.).
- **Reactive:** These materials can react violently with other materials.



Hazardous chemical exposure can result in:

1. **Health hazards:** immediate or long-term harm to the body caused by exposure (rashes, dizziness, cancer, etc.).
2. **Physical hazards:** injury or illness caused by *exposure* to physical hazards, such as fire or explosions.

HOW DO YOU KNOW IF IT IS HAZARDOUS?

- 1. **Labels:** The label on the product container will be your most common source of information and usually includes a signal word such as "DANGER," "POISON," "WARNING," or "CAUTION," together with a brief statement of the type of hazard.
- 2. **Material Safety Data Sheets (MSDS):** An MSDS is an information sheet provided by the manufacturer of a hazardous material. It contains important information about safe handling of the material and provides the latest data regarding the health effects of exposure to the chemical.

MATERIAL SAFETY DATA SHEETS (MSDS)

The MSDS is not maintained in the hospital. We have an inventory only. If an MSDS is needed call the **MSDS On Demand System** at 1-800-451-8346 and it will be faxed to you immediately.

SPILL OR LEAK PROCEDURES: This includes steps are to be taken to protect yourself and others and how to properly dispose of the waste generated by the spill or leak. Protection of staff members, patients and visitors is of immediate importance in the case of a spill or leak



SPECIAL PROTECTION INFORMATION: Listed in this section are types of special protective equipment necessary to handle the product. They may include respiratory protection, gloves, eye protection, etc.

SPECIAL PRECAUTIONS: This section describes what special precautions should be taken in handling and storing the product.

HANDLING AND USING HAZARDOUS MATERIALS: Appropriate personal protective clothing should be worn based upon the hazards associated with the material or chemical being used. Always use safe work practices.



STORING AND DISPOSING OF HAZARDOUS MATERIALS: Hazardous materials are stored and disposed of by a licensed hauler in accordance with the MSDS and all applicable state and federal regulations. Storage time is limited to 90 or 120 days depending on the amount of material.

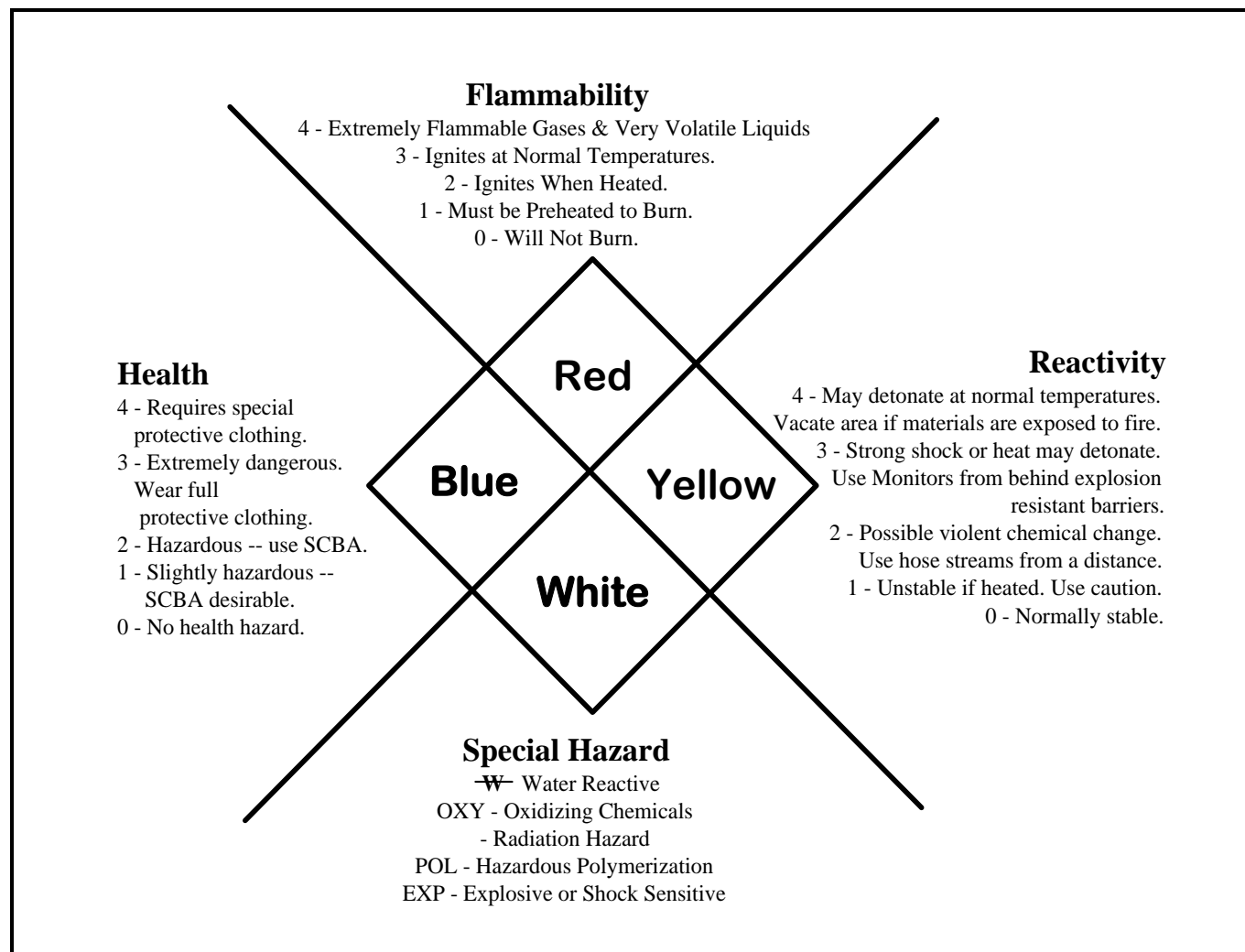


Hazardous Materials Review

LABELING REQUIREMENTS: Manufacturers are required by law to label their products (primary container). All hazardous materials in the workplace should have a label in English and contain at least the following information:

- The name of the chemical.
- The name of the manufacturer or distributor.
- Appropriate hazard warnings.
- The part of the body or organs affected by exposure to the chemical.

One of the most commonly used labels is known as the NFPA 704 Warning System:



Pesticide Safety

Any substance which is intended to be used for preventing, repelling, or mitigating any pest, including a virus, fungus, bacteria, or other microorganism. (Example: common chlorine bleach, when used as a disinfectant, as opposed to a whitener, is considered a pesticide.)

Labeling: The manufacturer is required to place specific information or precautions on the pesticide label. If the hazard is severe eye or skin injury, the label will have precautionary statements such as "corrosive, causes eye and skin damage." If the pesticide is very poisonous, the label will show the skull and cross-bones symbol and the word "poison." Remember — always read the MSDS and wear appropriate PPE (personal protective equipment).



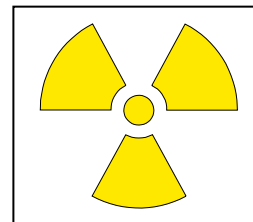


Hazardous Materials Review

RADIATION SAFETY

The primary ways to reduce radiation exposure are **minimum time, maximum distance and shielding**. No one but the patient should be in any unshielded area when x-rays are being generated. If the patient must be held during the x-ray exposure the assistant shall wear a protective apron and gloves, and be positioned so that the beam does not strike any part of the body. Improper handling or storage may impair protective aprons and gloves. They should be hung on holders designed for this purpose, not 'sharply' folded.

Mobile or Portable X-ray Machines: Radiation scatter from a patient during portable X-rays becomes negligible at approximately six feet from the patient. Mobile X-ray machines offer more opportunity for inadvertent exposure than is the case for fixed machines. Stand a safe distance of about 30 feet.



Caution Signs, Warnings and Labels: Appropriate caution signs are required in all areas and on all containers where significant amounts of radiation or radioactive materials may be found. When radiopharmaceuticals are used in nuclear medicine for diagnostic studies the patients present no danger. When patients receive therapeutic doses there is greater risk to staff. The nuclear medicine department will be involved in protection and instruction of other staff.

HAZARD SPILL RESPONSE

An important component of the Hazard Communication Program is having procedures in place to deal with spills of hazardous materials. You need to know what to do if there is a spill. Go to the **Sutter Santa Rosa intranet site and under Quick Links click on MSDS Online** or call the **3E MSDS hot line at 1-800-451-8346** to have the MSDS



faxed to your department.

You will need to give MSDS on Demand hot line the following information:

- ☐ **Product Name,**
- ☐ **Manufacturer Name** and the
- ☐ **UPC Code** (Universal Product Code) if available.

The MSDS contains valuable information for spill control and should be consulted before spill clean up begins.

Should you discover a spill, you should put into practice the acronym **S. I. N.**

SAFETY

ISOLATE AND DENY ENTRY

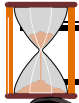
NOTIFICATIONS

Handling and Reporting a Spill or Exposure Incident: Should a spill occur or should you be exposed to a hazardous material you must report it to your supervisor immediately. If you work regularly with a hazardous substance you should be trained by your department to clean-up any spills.

- ☐ If you need assistance or do not know how to proceed call the AOD or Nursing Supervisor for guidance.
- ☐ All hazardous material spills, no matter how small, must be reported to the Safety Officer, in writing, or by calling 576-4554.
- ☐ If you are injured, complete an accident investigation report and follow the instructions on the form for follow-up and/or treatment.
- ☐ The Facilities Department is responsible for mercury spill clean-up.

Your Role in Hazard Communication: You play an important role in preventing injuries or illnesses involving hazardous materials and knowledge is the key. Make sure you are familiar with the hazardous materials used in your department and where the MSDS are located. Always respect chemicals and use safe work practices.

If you identify a hazard, complete a "Safety Hazard Report" form and give it to your manager.



Ergonomics and Back Safety Review



Ergonomics is the study of the relationship between people and machines or between employees and their environment. Ergonomic problems can result in Musculoskeletal Disorders (MSD's) such as carpal tunnel syndrome or tendinitis. On the positive side, an effective ergonomics program can reduce your risk of an ergonomic injury and increase your comfort on the job.

Musculoskeletal Disorder Risk Factors

Certain risk factors are associated with musculoskeletal disorders:

Risk Factor	Definition	Example
Repetitive Motion	The continuous performance of the same task or using the same muscles over and over again.	Continuous materials handling, keystroking, use of same tool, food-tray line.
Force	Physical exertion by or pressure applied to any part of the body.	Pinch grip when writing, especially on carbon/NCR forms, or lifting heavy objects.
Contact Stress	Pressure applied to certain body parts or tissues because of contact with a hard surface or sharp edge.	Sharp desk edges, leaning on elbows, or leaning on or pushing a gurney.
Posture	The position of a body part during work activity.	Improper seating, keyboard height, excessive reaching, standing or bending.
Vibration	Rapid back and forth movement causing wear and tear on exposed body parts.	Power tools or powered equipment.
Exposures to Cold Temperatures	Affects sensory perception. Can lead to awkwardness, loss of agility, injuries and accidents.	Working in refrigerated area or outdoors in extreme weather conditions.



Any employee who observes, or is aware of risk factors, should report this to his/her supervisor. Your supervisor is responsible for assessing the situation and taking further action, such as requesting a work site evaluation by the HR Department.

Work Site Evaluations

A work site evaluation can be conducted to further identify and evaluate potential ergonomic issues.

Addressing Ergonomic Issues — Methods of Control

Methods of control are chosen to eliminate and/or minimize the risk of injury. Such controls are aimed at reducing the frequency of repetition, reducing the duration of the activity, reducing the amount of force, improving posture, etc. Methods of control can include:

Engineering Controls:

1. Provide devices such as adjustable keyboards, chairs, document holders, head sets, wrist rests and foot rests.
2. Make modifications to work stations, equipment, tools, processes or any other aspects of the work environment.

Administrative Controls:

1. Job rotation.
2. Alter workflow.
3. Frequent breaks.
4. Employee training.



Ergonomics and Back Safety Review

Personal Protective Equipment

1. Provide equipment or other items worn on or attached to the body that are used for the purpose of controlling MSD risk.

Using Safe and Healthy Work Practices

By using the following work practices you can reduce your risk of an ergonomic injury and increase the comfort of your workplace:

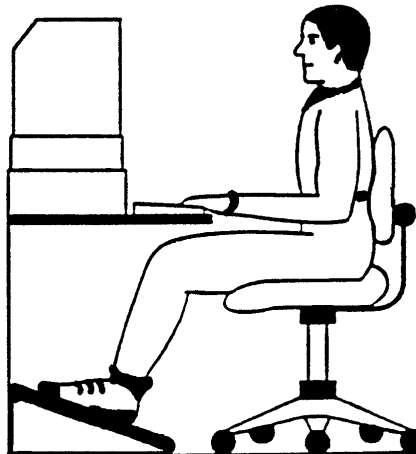
1. Keep frequently used items, tools and products within easy reach.
2. Always work at proper heights. If you cannot adjust your workstation, adjust your chair, stand and/or sit as necessary.
3. Reduce excessive forces by using power grips as opposed to pinch grips.
4. Always maintain good posture by keeping your wrists straight, arms low, elbows in and maintaining the natural curves of the back.
5. Reduce excessive repetition by minimizing the number of motions required to do a task, i.e. use a tool like a powered screwdriver.
6. Minimize fatigue by eliminating static load (holding same position for long periods of time).
7. Minimize direct pressure by distributing contact stress over more surface area of the body. Examples include changing the shape, contour, size and/or covering of tool handles to evenly distribute the pressure required, using floor mats or armrests, etc.
8. **Remember to adjust your workstation and change your posture.**



The following graphic depicts an ergonomically correct workstation and good posture.

A GOOD POSTURE INCLUDES:

- Feet flat on floor or on a footrest.
- Knees at approximately 90° angle.
- Lower back supported.
- Hip angle slightly more than 90°.
- Shoulders relaxed.
- Elbows at approximately 90° angle.
- Wrists straight.
- Head tipped slightly down to view screen.



ERGONOMIC NOTES

1. Top of screen is at or just below eye level.
2. Work surface is adjusted to elbow level.
3. Chair is adjusted to keep body supported in an upright position.
4. Back rest is adjusted to fit the lumbar region of the spine.
5. Chair height allows adequate leg clearance, maintains keyboard/work surface at elbow level.

By the very nature of their work, lifting and transferring patients and handling equipment, healthcare providers face the potential threat of back injuries every day.

What Contributes to Back Injuries?

Factor 1 –Physical Demand of Work

The physical demands of work that can cause a back injury include force, awkward position or posture and repetition.



Ergonomics and Back Safety Review

Force

Examples of force include:

- Lifting or transferring heavy patients.
- Unexpected or abrupt forceful motions.
- Stopping patient or resident falls or lifting them afterwards.
- Pushing a gurney or cart.



Awkward Position or Posture

Examples of awkward posture are:

Bending, twisting or reaching when:

- Attaching gait or walking belts — the bed or chair is too low or far away.
- Providing in-bed medical care — the bed is too low and side rails raised.
- Washing legs and feet in a shower chair — the shower chair is too low with limited access.
- Repositioning or turning a patient in bed — the side rails raised, bed too low, and reaching across.
- Performing stand and pivot transfer — the wheelchairs are too far from the bed and the provider twists their body instead of moving their feet in the direction of the transfer.
- Pushing gurneys or carts around corners and through doorways.

Repetition

If repetitive motions are frequent or sustained, they can contribute to fatigue and injuries. For example:

- Repeated repositioning of patients in bed.
- Numerous transfers to and from beds, chairs, or commodes without rest breaks.
- Stocking supplies.

Factor 2 — Equipment Design and Maintenance Issues

Some of the ways equipment can cause problems include:

- Jammed or worn wheels that increase the force required and make it harder to steer.
- Poorly maintained or hard to reach controls on equipment may cause the provider to use excessive force or awkward positions.
- Handles on equipment poorly placed or sized can require that the provider use excessive force or awkward postures.
- Carts may be too high or heavy requiring the provider to bend, reach or twist to complete loading or unloading tasks.



Factor 3 — Work Practices and Administrative Issues

They include:

- Lifting or moving patients or residents without the assistance of trained staff, equipment, or devices.
- Performing unfamiliar physical work: When first hired, returning from long work absences or covering for absent employees.
- Using poor body mechanics.
- Not storing, replacing or distributing equipment so that it is readily available.



Factor 4 — Personal Factors

Physically fit individuals tend to have fewer injuries. On the other hand, individuals may be predisposed to injury because of previous injuries or certain medical conditions.

Identifying the Problem

During the course of your workday should you identify a risk or hazard that has the potential to cause a back injury you should report it immediately to your supervisor.



Ergonomics and Back Safety Review

Identifying Solutions

1. Systematic Patient Assessment

This assessment focuses on the lifting or moving of the patient and can be critical in protecting both you and the patient against injury.

In addition to their weight, the following items should be considered:

- Medical condition—dizziness, confusion, deafness, medication, recent surgery, etc.
- Physical ability—weight bearing, ambulatory, upper body strength.
- Acuity—general understanding, language problem, etc.
- Behavior—combative, cooperative, unpredictable.



Special tips:

- ✓ Always communicate this assessment to all that need to know.
- ✓ Before lifting or moving a patient or resident, review any information relevant to the transfer activity.
- ✓ Transfer or lifting information should be made readily available to all caregivers.
- ✓ Remember that a patient's status can change; therefore, update the assessment regularly.

2. Assistive Equipment and Devices and Personnel

There are many types of equipment and devices available. They include:

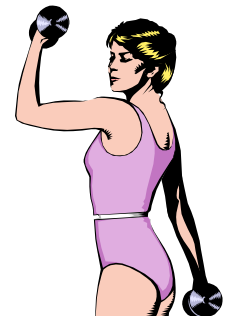
- Mechanical lifting devices.
- Slide boards, transfer mats, slippery sheets, sliding sheets, Hover Mats.
- Gait belts, transfer belts.
- Combination chairs, shower carts and gurneys, pelvic lift devices, extension hand tools, etc.
- Use assistive equipment and devices when they are appropriate.
- Call the lift team to assist with patient lifts, transfers and ambulation.

3. Body Mechanics

Whether you care for patients or perform other work that requires lifting, twisting, reaching, pushing and pulling you should use proper body mechanics.

4. Exercise

Physically fit individuals tend to have fewer and less severe injuries. Once injured, physically fit individuals also recover faster. You should exercise regularly to maintain good fitness.





Equipment, Utility Management and Electrical Safety Review

Any time you work with electrical equipment, you should be familiar with specific equipment usage and operating procedures. The manufacturer's operation manual is an excellent resource for information. It contains proper operating instructions, testing procedures and required preventive maintenance instructions.



Reporting Equipment Malfunctions:

If equipment breaks, or does not perform appropriately, take it out of service.

- Complete a work order and tag the equipment with the work order so others will know not to use it.
- Send the work order to Bio Med or Facilities Management. Make sure you clearly indicate on the work order what went wrong or exactly how the equipment malfunctioned.
- If you need Bio Med immediately page them at 493-2376. If there is no response or it is after normal hours call Sutter Bio Med at 1-800-821-3696.

If a patient is injured, or you think equipment may have been involved in injuring a patient, take care of the patient first, then:

- Report the injury immediately to Risk Management and Bio Med. Risk Management will determine if the incident must be reported to the FDA. Complete an incident report form.
- Save all equipment parts and supplies that may be associated with the injury and do not let any manufacturer or their representative take the equipment away.
- Report the occurrence to your supervisor; he/she will need to be involved in the follow-up investigation.

Patient Owned Equipment

Patients may only use electrical equipment which has been approved by Bio Med. Encourage patients and families to use battery operated razors, radios and video games, etc. **All other non-hospital owned electrical equipment must be approved by biomedical engineering or facilities management prior to its use.**

Electrical Injuries

The most common accident involving electricity is electrical shock. The severity of electric shock is determined by the amount of current that flows through the victim.

Three conditions must be satisfied simultaneously before a person can be shocked:

- One part of the body must be in contact with a conductive surface.
- A different part of the same body must be in contact with a second conductive surface.
- There must be a voltage source to drive the current through the body between these two points of contact.

The ultimate electrical shock is electrocution, and it does not take much electrical power to cause death. Electrical shock may cause other injuries such as burns, internal bleeding, and damage to nerves, muscles or tissue and may even cause an injury due to falling from one level to another.



Equipment, Utility Management and Electrical Safety Review

Patient Safety

Problems occur when the patient is allowed to become part of the electrical connection. The passage of large, or in some instances, very small amounts of **current electricity** can cause ventricular fibrillation.

Prevent these mishaps by:

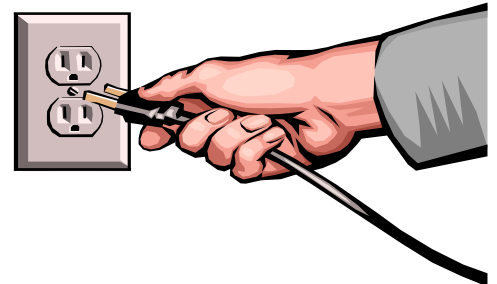
- Avoiding touching electrical equipment and the patient at the same time.
- Using only equipment in patient care areas that have hospital-grade (green dot) three-pronged plugs.
- Remembering that infants, or patients in a weakened state, that have penetrating devices which may provide direct pathways to the heart are of greater risk from small micro shocks.
- Checking the patient's skin for dampness (wet or moist skin has less resistance to electrical current).
- Making sure the patient does not become part of the electrical circuit.
- Remembering that electricity passing through the body can stimulate excitable tissue causing pain, involuntary muscle contractions, convulsions or ventricular fibrillation.

Static electricity makes your hair stand on end, or pops when you touch a door knob. In a weakened state (infant or elderly) patients may receive a static electricity shock too small for you to feel, but one which could cause them harm. Ground yourself by touching a metal sink or bed frame to prevent this discharge of static electricity into patients.

Electrical Fires

Defective electrical devices and wiring are the second leading cause of fires in hospitals. Electrical fires are mainly caused by:

- Using improperly sized wire.
- Overheating devices.
- Shorting or sparking.
- Overloading circuits.
- Contact with flammable materials.
- Faulty cords.
- Exposed elements.



Common Electrical Deficiencies

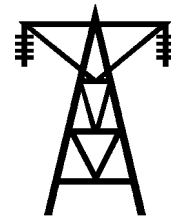
The most common electrical problems in the work area include the following:

- Improperly grounded equipment or systems.
- Extension cord damage.
- Overloaded electrical outlets.

Reporting Unsafe Conditions

Always report the following unsafe conditions to Facilities Management and your supervisor:

- Shocking, sparking, overheating or smoking equipment.
- Corroded outlets, switches and junction boxes.
- Extension cords in permanent use.
- Exposed wiring, broken plugs or outlets.
- Missing box covers or face plates.
- Outlets in wet areas.



Repair Line

If something is broken and not working utilize the Facilities Repair Line. Call and leave a message and the Engineers will put it on their work list. The Repair Line number is numbers ext. 4275.



Equipment, Utility Management and Electrical Safety Review

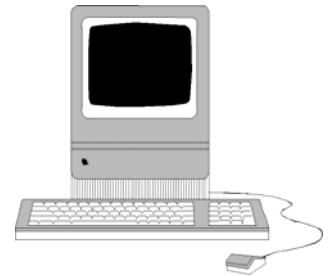
Utility Systems

Electrical power, generators, computers, phones, nurse call systems and elevators are all essential utilities. Facilities Management is responsible for the preventative maintenance of all utilities. Information Systems Management is responsible for maintenance of computers and phone systems.

Power Outage

When there is an electrical power outage due to the weather or some accident, the hospital's generators automatically provide back-up power. All outlets should remain functional on generator power. Every department should have flash lights available in working order just in case.

Computer down time should be handled using manual back-up systems. If you are having computer problems call the help desk at 576-4695.



Phone System Failure

If the phone system goes down there are **black, back-up phones** in patient care areas.



The AOD (Administrative On Duty) may determine the need to send hand-held radios to patient care areas to facilitate communication. Cell phones can be used as a communication back up, as well as the pay phones. The phone system is not connected to the overhead paging system, which may be working for overhead communication through the switchboard operator.

If digital pagers fail due to satellite problems the hospital may be able to resort to voice activated pagers, which would need to be distributed to key users.

Remember, use your common sense. If there is a utility failure, inform your supervisor, assess the extent of the problem, plan to implement actions that meet specific needs at the time and don't panic.

If you have any questions consult the “**rainbow**” emergency chart in your department for recommended actions.



Fire - Life Safety- Review

F

ire safety encompasses the activities we take to prevent fires from occurring and to minimize injury to persons and damage to property once a fire has occurred.

The presence of flammable and combustible materials, electrical devices and oxygen-enriched atmospheres intensify the risk factors when combined with the presence of non-ambulatory patients.

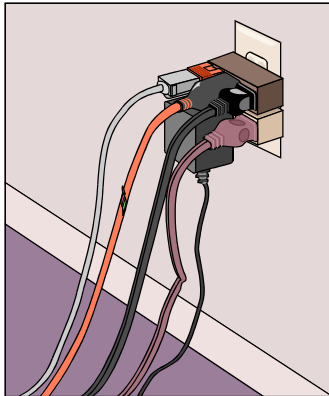
Basic Principles

There are three elements needed for a fire to start and keep burning. These are heat, fuel and oxygen. If you remove any one of these elements, a fire will not occur.



Causes of Fires

Common causes of fires include: 1) smoking in areas where fuel is abundant, 2) sources of heat such as furnaces and boilers, 3) the location of electrical equipment, and 4) improper storage of flammable materials.



Fire Prevention

In order to prevent fires from occurring two measures must be undertaken:

1) identify, report and correct fire hazards, and 2) practice safe housekeeping techniques at all times.

Always be on the look-out for the following items:

- **Fire Doors** — Fire doors protect and separate one section of the building from the other (compartmentalization). Keep all fire doors properly closed, except those equipped with automatic closures. **Do not wedge or prop fire doors open.**
- **Egress** — Check to ensure that hallways, doorways and fire escapes are not obstructed. Never use these areas for storage. If items are placed in hallways, they must be “in use”, and removed when the alarm sounds.
- **Electrical Hazards** — Damaged cords, frayed, or broken plugs are fire hazards.
- **“NO SMOKING”** policies should be adhered to at all times.
- **Flammable liquids** — Always store in flammable cabinets. Limit use to small amount, if possible. Try to find suitable substitutes. Do not store flammable gas with oxygen or nitrous oxide.
- **Fire extinguishers, sprinkler pipes, risers** and other related equipment should never be blocked. Access should be kept clear at all times.
- **Combustible waste** — Large amounts of combustible waste should be stored away from a building in a metal container. Avoid storing incompatible materials.

Although there is no smoking allowed in the hospital, offices or associate buildings, smoking is permitted in designated outside areas. Patients on oxygen, or those who are not assessed as responsible, may not have cigarettes, lighters or matches at the bedside.

Fire Detection Systems

Fire detection systems are devices designed to detect smoke, heat or flame. These systems provide the first line of defense when it comes to fighting a fire.



Fire - Life Safety- Review

Fire Alarms

Fire alarms serve as a signaling system. You should know where alarm stations are located in your area and review proper fire alarm procedures regularly.

Fire Extinguishing Equipment

All extinguishers should be readily accessible, visible and properly maintained. You should know the location of the extinguishers in your area. Respiratory Therapy, Security, Service Assistants and Facilities Management personnel are expected to report to the scene and are expected to use extinguishers as needed.

Using an extinguisher is as easy as ---

P-A-S-S

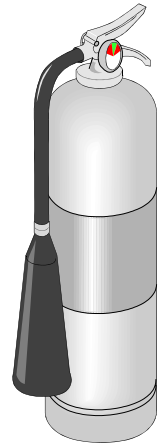
Pull the pin between the two handles.

Aim the extinguisher nozzle at the base of the fire.

Squeeze or press the handle together.

Sweep from side to side at the base of the fire while discharging the contents of the extinguisher.

Remember that you are our most important asset. We do not want you to risk your safety and the safety of your coworkers to fight a fire. We want all fires, no matter how small, to be reported immediately to the City of Santa Rosa Fire Department. In the acute hospitals pull the fire alarm pull box and the alarm will be automatically sent to the fire Department.



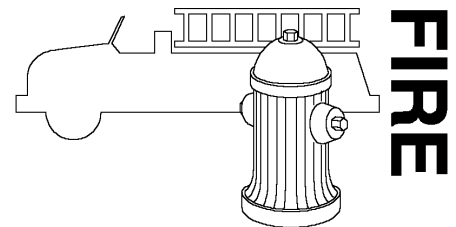
Sprinklers

Sprinklers are designed to release a stream of water, usually in a fire-fighting pattern, when the heat from a fire melts the fusible material in the sprinkler head. You will need to make sure that the sprinkler heads in your area are free and clear of all obstructions by at least 18-inches. Storage should never encroach into this 18-inch space.

Fire Response

Proper fire response is a critical aspect in assessing the facility's readiness in an actual fire situation. Fire drills are designed to measure and test your knowledge of the following:

- Use and function of fire alarm system.
- Transmission of alarms to the City of Santa Rosa Fire Department.
- Containment of smoke and fire.
- Performance of specific duties.
- Preparation for building evacuation.



Should a fire occur in the hospital the switchboard operator will announce “**Code Red**” – and the department of origin. For example, “**Code Red – ICU.**”

Should you discover a fire in your department your responsibilities can be remembered by learning the acronym:

R-A-C-E-R

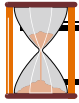
Remove the patient from harm.

Activate the nearest fire alarm and dial **666**, state “Code Red” unit/department and room number.

Close all doors to confine and contain smoke and fire.

Extinguish, if fire is small enough to smother or use a fire extinguisher, or **evacuate** if ordered.

Report, call the Command Center, extension **4005** and report the fire. Do not hang up.



Fire - Life Safety- Review

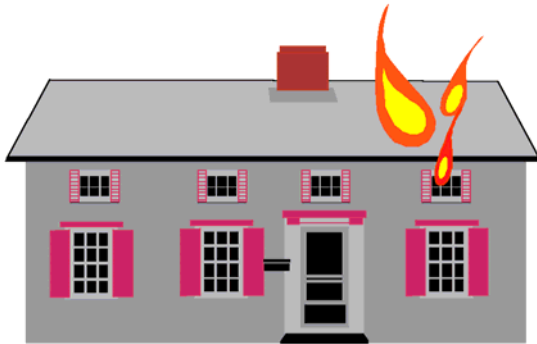


Should you hear “Code Red” (in any department but your own) you should:

1. Stay where you are and **do not** go through any fire doors.
2. Immediately close all doors and windows (containment).
3. Reassure patients and visitors, asking them to remain in their rooms or waiting areas with the door closed.
4. Clear all corridors of equipment. If this is not possible, move equipment to one side of the corridor wall leaving the other side unobstructed.
5. Obtain the Safety Binder and complete a **“Fire Report”** form.
6. Send the report form with a runner to Engineering only **after the “all clear” has been paged.**

Drills

Fire drills are conducted on each shift on a quarterly basis. Implementation of the fire plan during drills is as realistic as possible. Staff participation and response is evaluated in each drill. Documentation of all fire drills for all shifts is essential for regulatory compliance.



Evacuation

Evacuation routes are posted in each department. Also see the Safety Binder. The decision to evacuate is determined by the Incident Commander or Fire Department. When evacuation has been ordered you will need to prepare your patients. This includes informing and reassuring them that everything is under control and providing them with blankets, slippers, robes and medication (if possible). Bring a patient log and staffing roster for a relocation roll call once you have evacuated.

Ambulatory patients and visitors are dispatched first, escorted by staff. Non-ambulatory patients are moved next, with the most ill and resource-dependent last. Evacuate first in a horizontal direction, behind the closest fire door, away from the fire. Vertical evacuation would occur as a last resort. Relocation areas have been identified for each department (see Safety Binder).

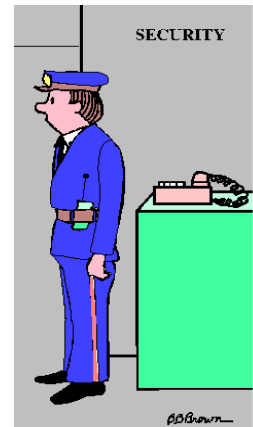


Security Management Review

The nightmare began when a gunshot rang out in the Emergency Department. Upset over the death of his father during surgery the day before, a disturbed family member entered the emergency room and opened fire with a handgun. A nurse was killed and the emergency physician on duty and others were injured.

Incidents like this can truly happen. Incidents that involve distraught patients, disgruntled employees, gangs, etc. demonstrate that health care workers are not sheltered from violence.

When security measures are correctly exercised, staff, patients and visitors need not be fearful for their safety.



Your Role in Security

Wear your name badge at all times. Be alert to people in the halls and wandering around the hospital. Ask if you can help them and contact the Security Officer at pager 493-2378 if they appear suspicious. After visiting hours, visitors must go through the Emergency Department entrance and will be provided with a name tag as a visitor pass.

Keep all doors to the outside closed; **do not prop doors open**. Open doors leave the hospital vulnerable to entrance by anyone at any time. Do not give patients, visitors or others security door codes.

When you leave the hospital late at night, request that a Security Officer escort you out. If you have concerns regarding the security of your work area, inform the Security Department or communicate with the Safety Officer ex 4554.

Security Incident Investigation and Reporting

Report security incidents such as suspicious people in the halls, vandalism and thefts to the Security Officers on duty and your department manager. They will properly document and investigate such incidents.



CODE GREY: If you are threatened, assaulted or are concerned about the possible actions of a patient or visitor, **dial 666** (the emergency hot line number) and state that you need Security at your location immediately. The switchboard operator will radio security officers or at Warrack the CODE GREY will be paged overhead. A **CODE GREY** page is a priority and all other duties will be put on hold to respond immediately. Security will assess the situation and call 911 if necessary. You may also choose to call 911 if you are concerned about immediate safety. Make sure to take the time to complete a police report. The hospital cannot file a complaint; only the threatened or assaulted individual can press charges.

All reports of threats of violence or breaches of security should be treated as serious events. The action you take after an incident is the key to protecting yourself and the people with whom you work.

Recognizing Potential Violent Behavior

The first step to decreasing the risk of violence is to recognize when there is a potential for violent behavior. Certain indicators may be associated with an increased risk for violence.

- People who are commonly categorized as high risk for potential violence make blatant verbal or physical threats.
- Someone under the influence of alcohol or drugs is a high risk for violence.
- A person with control issues (for example, an abusive husband who is prevented from visiting his family).
- Relatives who misconstrue medical treatment as being harmful to someone they care about, or family members distraught over the loss of a loved one, may be predisposed to violence.
- Visual indicators include the physical movement, such as constant pacing, moving toward or away from staff, making fists, changing sitting positions frequently, continually moving extremities, rapid and/or heavy breathing, and pale or reddened skin color.



Security Management Review

- Cognitive indicators focus on the person's behavior. The person may seem disoriented and confused, could be excessively elated or very paranoid.



- Auditory indicators include speech and tone. Angry or loud voices, or the use of rapid or forceful speech indicate someone who is a high potential risk.

Assess the situation for the risk of potential violence. If you identify any of the above indicators, you should take appropriate protective measures. **SIN** – Consider your **Safety** first, **Isolate** yourself from danger and **Notify** Security. **CALL CODE GREY.**

Managing Assaultive Behavior

Customer relations are part of your job as a health care provider. This will encourage the frame of mind necessary to diffuse or deal with potentially violent patients or visitors. It is possible to talk a potentially violent person down during the triggering event or the escalation phase. Call Security to intervene or de-escalate the violent behavior.

Verbal Interventions

1. Stop and make a connection with the individual.
2. Always make direct eye contact when the person is speaking and give the appearance of caring.
3. Listen to what the person has to say.
4. Focus on specifics, not generalities.
5. Allow the person to verbalize anger or frustration.
6. Treat all patients and visitors with respect.
7. Speak in a calm, clear, simple, slow, non-confrontational manner.
8. Use short sentences and simple words to repeat commands.
9. Ask the patient if he/she would like to be restrained.
10. If the individual has a weapon, notify the Security Department immediately and call 911.



If these verbal tactics do not work and the behavior escalates, take all threats seriously. **Call CODE GREY immediately.**

Physical Interventions

1. Use body language that is assertive (confident), but not aggressive.
2. Always place yourself between the individual and the exit.

Patient Care Plan:

For assaultive/combative patients there is a policy to guide your assessments and interventions. It includes a draft care plan so that the problem and the interventions are communicated to entire patient care team. Consistent expectations and actions are important to curtail unacceptable behavior.

Creating a Safe Work Environment

Proper Clothing



You must be aware at all times of anything on your person that could be used as a weapon to threaten or cause injury.

- Clothing should be worn loose and allow for easy mobility.
- Shoes should allow for running and jumping, as well as be low heeled and closed toed.
 - Avoid necklaces, rings, bracelets, earrings or other jewelry that could be pulled off or used to choke.
 - Neckwear such as ties and scarves should also be avoided to prevent the possibility of choking.



Security Management Review

Work accessories should be considered:



- ⇒ Always carry stethoscopes in a pocket rather than around the neck.
- ⇒ Clip-on name tags are less dangerous in an assault than the pin-on type.
- ⇒ Breakaway lanyard name tag holders are safer than a solid necklace.
- ⇒ Scissors, pens and small flashlights should be carried in a plastic pocket carrier or waist pack so that they are less accessible to an attacker.
- ⇒ During a crisis, fanny packs and stethoscopes should be removed.

Other tips to making your work environment safe include:

- Always be kind and respectful.
- If the person is standing, never stand directly in front of them, always position yourself to the side of them. The person may easily be pushed “over the edge” if they feel that their space is being invaded.
- If you have to perform a task for a patient that is in bed, do not lean over the patient. Walk around to the far side of the bed, which is less threatening to the patient and keeps you from being in a vulnerable position.
- Always plan for a quick exit if necessary - never block the door.
- Remove any instruments that could be used as a weapon if the patient should lose control.
- Always back away when leaving the room - never turn your back on the individual.

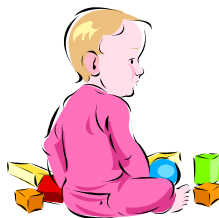


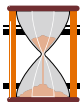
INFANT SECURITY

Security devices are used on all infants on the Maternal Child Unit as well as on all children under the age of 14 on MS2. If an infant or child is suspected missing, **dial 666** to have the switchboard operator page a **CODE PINK** immediately.

Employee Responsibilities (CODE PINK)

Employees of pre-designated areas (see Infant Security policy in Safety Manual) will report to the external exits (two to each location) to observe and possibly detain anyone attempting to leave. Each department that has an exit or stairwell leading to the outside will post someone to observe the area. Any other available staff will observe internal exits. Anyone leaving should be asked to stay until the drill is complete. All cars leaving the main entrance will be stopped and searched. Report suspicious individuals to the **Command Center Extension 4005**. Employees will return to their departments only after “all clear” has been paged and they have been excused.





Medical Waste Mangement Review

T

ypes of Waste

Waste is defined by several categories and must be handled appropriately to protect our patients, visitors and fellow employees. As an employee, you need to be familiar with the different types of waste that are generated.

1. **Hazardous Chemical Waste:** Any chemical that is toxic or capable of causing harm or serious injury to humans, animals or the environment as defined by the EPA is considered hazardous chemical waste once it is no longer needed by the user. Strict laws regulate its disposal. Call Engineering or the Safety Officer for disposal.



2. **Medical Waste:** Certain types of waste generated, or produced, in the diagnostic, treatment or immunization of humans, including biohazardous waste and sharps waste is medical waste. Biohazard waste does NOT include regular trash such as paper towels, gloves, chux, peri-pad (unless they may drip) or cafeteria waste. Never take anything out of a red bag! It is illegal.

Types of Medical Waste:

- A. **Laboratory Waste**—Specimens or pathological and microbiological waste containing blood or other infected materials. Discard into a red bag.
- B. **Pathology Waste**—Specimens including human tissues such as placentas and body fluids contaminated with infectious agents removed or obtained during surgery or autopsy or for diagnostic evaluation. Must be labeled “ for incineration only.”



- C. **Blood or Body Fluids**—Liquid blood elements, other body fluids or articles contaminated with blood or body fluids. These are best emptied into the sewer, unless to do so would put you at risk of a splash exposure. Otherwise, contain tightly and discard as red bag waste. **NOTE:** Any waste that will **DRIP A DROP** of blood or body fluid is considered biohazard waste and must be disposed of in a red biohazard bag.

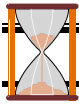
- D. **Sharps**—Syringes, scalpel blades, contaminated broken glass and used or contaminated needles must be discarded into a sharps container. **Any syringe with a luer tip must be discarded as a sharp**, even if it has no needle, was used only to feed a baby or is brand new! NEVER put a sharp or a full sharps container into any bag of any color! If a sharp is found in a bag of regular trash, put the entire bag into a sharps container! Ask Environmental Services for help, if necessary.



- C. **Radioactive Waste:** Waste exhibiting detectable decay rates greater than observed from natural background sources and includes:
 - 1) End-products of procedures which use radioactive chemicals.
 - 2) Waste materials, such as syringes and paper products, which are contaminated during such procedures.Radioactive waste is disposed of according to specific guidelines; Nuclear Medicine Department will give you disposal information.
- D. **Chemotherapeutic Waste:** Material produced in handling and preparation of chemotherapeutic agents (an agent that kills or prevents the reproduction of malignant cells). Trace chemo waste is empty IV bags, IV tubing and gloves used to prepare chemo. They may be discarded into yellow containers labeled for “Incineration Only”.
- E. **Batteries:** Spent Alkaline, Ni-Cad, lead-acid, lithium and mercury batteries are considered universal wastes and must be segregated from other wastes. Disposal containers are located throughout the hospital.
- F. **Pharmaceutical Rx Waste:** Sample medications for discard (removed from the packaging) or more than trace medications that have not been administered must be disposed of in Pharmaceutical Waste containers. Rx waste must be labeled for “Incineration Only”.

3. Solid Waste

Solid waste is regular trash and will be contained in clear bags. All employees are responsible for inspecting trash to ensure that sharps waste and anything that may **DRIP a DROP OF BLOOD OR BODY FLUID** is disposed of properly. If disposal errors are identified the entire bag must be placed into a red biohazard waste bag or a sharps container.



Medical Waste Mangement Review

Your Responsibilities in the Waste Management Program

Review the Hazardous Materials and Waste Management Plans to help to ensure that there is minimal risk to our patients, staff, community and the environment. If you have any questions please ask your supervisor or department manager or the Safety Officer.



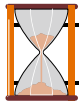
Waste Disposal Guidelines

- Biohazard waste does not include solid waste or regular trash such as paper towels, gloves and cafeteria waste.
- IV tubing with blood backed up at the insertion sight needs to be placed into a red bag for disposal.
- Medications and medication containing waste must be disposed of in a specific manner. Please refer to SMCSR Pharmaceutical Waste Management Policy for more details.
- Bloody linen should not be thrown away in the trash, but should be placed in the soiled linen which is handled using Standard Precautions.
- If a sharp is found in any trash can the entire bag should be placed into a sharps container. Notify Facilities for assistance.
- A sharp is considered anything that can cut, puncture or break the skin and must be disposed of into a rigid container; never into a bag.
- Sharps boxes **may not** be disposed of inside a red bag.
- Chemotherapy solution that is not administered is not biohazard waste, but is chemical waste and should be returned to the Pharmacy for disposal.
- Drainage bags with liquid body fluids are best emptied into the sewer, unless to do so would put you at risk of a splash exposure.
- Peri pads and diapers are exempt from medial waste laws, but if they are over-filled, and at risk of leaking, put them into a red bag.
- Do not remove anything from a red bag or sharps container.
- If someone wants their placenta, waste laws do not apply, as long as the placenta is not a possible public health hazard.
- Waste from isolation rooms is most commonly considered regular trash.

Waste Management Quiz:

- | | | |
|--|---|---|
| 1) Medial waste includes all waste produced in the hospital. | T | F |
| 2) Medial waste includes biohazardous waste, sharps waste, pathology waste pharmaceutical waste and trace chemotherapy waste. | T | F |
| 3) Hospital waste is regulated by both state and federal law. | T | F |
| 4) Biohazardous waste includes liquid body fluids or blood that may DRIP a DROP . | T | F |
| 5) Biohazardous waste may only go into red bags; no other color bags. | T | F |
| 6) Isolation waste does not have to go into red bags, except for some rare diseases. | T | F |
| 7) Placentas for discard are considered pathology waste and must be disposed of by incineration. | T | F |
| 8) Outdated medications should not be sent back to the Pharmacy for incineration. | T | F |
| 9) Trace chemotherapy waste should be placed in yellow waste containers and labeled for incineration only. | T | F |
| 10) Biohazard waste costs up to 80 times as much to dispose of as does solid waste. | T | F |
| 11) If you are not sure if something might drip a drop of blood it should be put into a red bag. | T | F |
| 12) Used gloves and gauze with dried blood on it should go into a red bag. | T | F |
| 13) Everyone should always wear gloves to handle any trash. | T | F |
| 14) If you find bloody, drippy waste in the regular trash, it is your responsibility to put the entire bag of trash into a red bag. | T | F |
| 15) It is OK to use red bags or sharps containers to store supplies for your department. | T | F |
| 16) It is OK to put a syringe with no needle into the regular trash. | T | F |
| 17) An engineered sharp that has the needle covered to prevent a needle stick can be thrown away in regular trash. | T | F |
| 18) It is OK to put a clean, unused red bag or a bag with a biohazard-label into the regular trash. | T | F |
| 19) Chemical waste does not have to be hauled for disposal by a licensed waste hauler. | T | F |
| 20) All clear, regular waste bags must be visually inspected by anyone who removes them from the trash can to ensure that there is no biohazard waste inappropriately placed in the regular trash. | T | F |

Answers: 1=F, 2=T, 3=T, 4=T, 5=T, 6=T, 7=T, 8=F, 9=T, 10=T, 11=T 12=F, 13=T, 15=F, 16=F, 17=F, 18=F, 19=F, 20=T

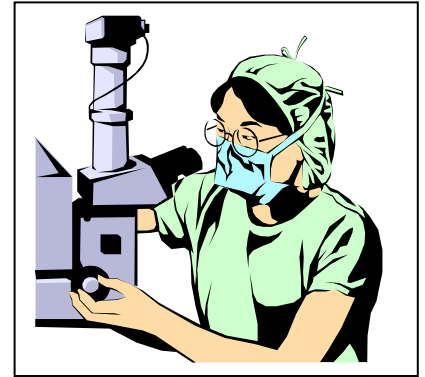


Infection Control and PPE Review

The purpose of Infection Control is to keep everyone in the hospital from catching an infection they didn't come in with, including patients, staff and visitors. Everyone must work together to achieve this. Infection Control is an important part of EVERYONE'S job!

Three things must be present for a new infection to occur. If you can get rid of any one of these, you can prevent the new infection.

- **Reservoir:** This is where the germs live and grow. They are usually **wet**. The most important reservoir in the hospital are **people**, who may be sick or well.
- **Susceptible host:** This is the person who will catch the infection. None of us is immune to everything.
- **Means of transmission:** Most germs can't fly, but must be carried from one place to another. Things that carry germs may be the hands of the caregivers, or things that go from one patient to another. This is the weakest link in the chain of infection.



This is why HAND HYGIENE is the most important procedure for preventing the spread of infection!

Use the alcohol-based handrub to do proper hand hygiene. Use a dime-sized amount and rub your hands until they are dry. Alcohol-based handrub can be used to clean your hands except when they are obviously soiled. Hand hygiene must be performed before contact with patients, after contact with patients and/or patient items.

WHEN TO WASH HANDS:

- When you first come on duty.
- Between patients in high-risk units, such as ICU or NICU.
- Before contact with unusually susceptible patients, such as neutropenic patients or newborns.
- Before ANY CLEAN or invasive procedure.
- Any time your hands feel or look dirty.
- After contact with any body fluids, INCLUDING YOUR OWN!
- After you remove gloves.
- When leaving an isolation room.
- After contact with contaminated things or environments.
- After using the bathroom.
- Before and after eating.
- When going off duty.

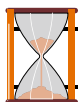


HOW TO WASH YOUR HANDS - Four things are needed:

- Soap.
- Water.
- Friction.
- **About 15 seconds.**

STANDARD PRECAUTIONS are the same as Universal Precautions. We will take precautions with ALL body fluids of ALL patients! It is **real** isolation, because it is all we would use with a patient who had Hepatitis B or HIV, unless they had something else which required additional precautions. It includes:

- Handwashing, of course!
- Gloves for contact with body fluids, non-intact skin (this includes **rashes**), mucous membranes, used equipment (including dishes), linen, and trash. **Change** gloves if they become heavily soiled, or if you must go from a dirtier area to a cleaner one. Don't soil the environment with dirty gloves!
- Use a **gown** any time your clothing may be soiled.
- Use a mask AND eye protection if you may be splashed. **Note: Masks are in Standard Precautions!**
- Sharps: Do not recap. Discard into a sharps box without delay.



Infection Control and PPE Review

TRANSMISSION-BASED PRECAUTIONS ARE USED WITH SOME PATIENTS IN ADDITION TO STANDARD PRECAUTIONS.



CONTACT PRECAUTIONS are used for patients with infections which are easily spread by **hands** or **things**.

- This is the type we see used most frequently. It is used for patients with MRSA or VRE.
- Wear **gloves** to WALK INTO THE ROOM
- **Gown** to walk in IF you expect significant contact with the patient's environment, or ANY TIME if the patient is incontinent, has diarrhea, an ileostomy, colostomy, or wound drainage not contained by a dressing.
- Patient care equipment (stethoscopes, thermometers, etc.) should **not** be **shared**. Equipment which must be brought out of the room must be **wiped down** with

disinfectant. Our **disinfectant wipes** are handy for that.

- Masks are **not** needed except as required by Standard Precautions.

AIRBORNE PRECAUTIONS are used for H1N1, TB, chickenpox, disseminated zoster and measles.

- This is the **only** type of precaution which requires use of a **NEGATIVE PRESSURE ROOM** and a **N95 MASK**.
- For patients with chickenpox, disseminated zoster or measles, only IMMUNE STAFF should enter the room, if possible, and they do **NOT** need to wear a mask.
- If the patient must come out of the room, put a **regular mask** on him/her.
-

DROPLET PRECAUTIONS ARE USED FOR PATIENTS WITH INFECTIONS SUCH AS **INFLUENZA** AND PERTUSSIS.

- Wear a mask with eye protection (NOT a TB mask) when you are within **three feet** of the patient's face.
- Annual influenza immunizations or declination statements are required of all healthcare workers.



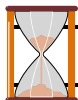
MRSA is Methicillin-Resistant Staph Aureus. It is **exactly the same** as regular Staph Aureus except that it is resistant to most antibiotics. **It is NOT more contagious and it does NOT make you sicker** than regular Staph Aureus. Regular staph is very common. One out of every three of us carries it in our nose and it can cause **serious** infections. The problem with MRSA is that even if a patient with an infection clears the infection, they may still carry the organism in **NOSE AND ARMPITS**, so it is difficult to get the patient out of isolation. Check the Infection Control Policy. MRSA is becoming more common in the community and any patient can be an **unknown carrier**. **Every inpatient admission is screened for MRSA according to CA state guidelines.**

VRE is Vancomycin-Resistant Enterococcus. **Everyone has regular enterococcus** as part of their intestinal flora, and it usually does **not** cause serious infections. The problem with VRE is that it is often resistant to **ALL** antibiotics, so it is very tough to treat. This organism really persists on **things**, so we wipe down the environment at least twice a day. If a patient is an unknown carrier, the VRE will be in their **stool**. Stay out of everybody's!



OSHA BLOODBORNE PATHOGENS STANDARD is federal law which requires many of the basics of Infection Control.

- **Bloodborne pathogens** are organisms in blood which can cause disease. The main ones are Hepatitis B, Hepatitis C and HIV.
- They can be **transmitted by** needlesticks, body fluid contact with mucous membranes, such as eyes or mouth, or body fluid contact with broken skin.
- Use Standard Precautions with **any** job which involves contact with body fluids or sharps.
- Most patients with these infections have **no** symptoms!
- The **biohazard symbol** identifies some contaminated items, but many items are contaminated which **don't** show the symbol.
- It also **REQUIRES** the use of Standard Precautions, personal protective equipment (PPE), red bags, biohazard symbols, Hepatitis vaccine, and follow-up after exposures.



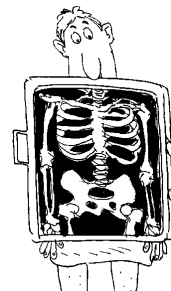
Infection Control and PPE Review

EXPOSURES TO BODY FLUIDS include needlestick, face splash or contact with a body fluid with non-intact skin.

- **Wash** immediately.
- **Tell** your supervisor.
- **Report to the Emergency Department within one hour** if exposure to HIV is a concern.
- If you have contact with body fluids on the job, **get vaccinated against hepatitis B** if you haven't already. It is **free**, safe and highly recommended!

TUBERCULOSIS is transmitted **ONLY** by the airborne route from a person with active disease, but it is **NOT** very contagious.

- Symptoms include a **cough** that lasts more than three weeks, weight loss, fatigue and maybe night sweats or coughing blood. If your patient has these symptoms, **THINK TB** and **ask the doctor** if the patient needs to be isolated.
- People with an intact immune system who become infected **usually wall off, or contain, the bacteria and never get sick**. Only **10%** will ever develop active disease, even fewer with preventive meds.
- **People with immune compromise are more likely to have active disease.**
- If you have **concerns about your own immune status**, make an appointment to talk with Occupational Health, to find out how to keep yourself safe on the job.
- If you think you may have been exposed to TB on the job, let the Infection Control Coordinator or Risk Management Department know.
- **Annual TB surveillance is a REQUIREMENT OF EMPLOYMENT**, either by skin test or by symptom review.



HOW TO CONTACT INFECTION CONTROL:

- **Phone/Voice Mail: 576-4302**
- **Pager: 491-4227**



Infection Control is part of everybody's job!

Personal Protective Equipment PPE

Safety Glasses

Standard safety glasses look very much like normal glasses, but are designed to protect you against flying particles and bio-hazards. They should be equipped with side shields to offer additional protection.

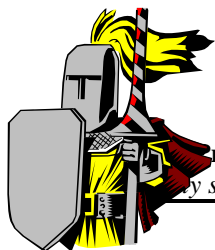


Safety Goggles

Goggles provide a secure shield around the entire eye area to protect against hazards coming from many directions. Goggles are used most often when there is a splash hazard associated with a job.

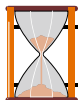
Face Shields and Masks

In most cases, face shields and masks are used in conjunction with eye protectors to provide additional protection against splashes that might exposure the mouth or nose. Full-face shields are often used when you are exposed to chemicals, heat or glare hazards. Stand-alone shields or hoods may be used in the Laboratory or Pharmacy to protect against splashes.



Foot Protection

Sturdy shoes shall be worn when falling or rolling objects, punctures, cuts or electrical hazards are present.



Infection Control and PPE Review

Hand Protection

Suitable gloves shall be worn when hazards from chemicals, blood or body fluids are present. Make sure that the gloves you use fit well and are comfortable to wear. It may be necessary to use a synthetic or non-latex substitute in order to avoid allergic reactions for workers and/or patients who may be hyper-sensitive to latex products. Disposable gloves are available in latex, vinyl, nitrile and polyethylene.

Respiratory Protection

Wearing the appropriate respiratory equipment may be necessary to protect you against exposures.

Ear Protection

Ear protection must be worn before exposure to noise reaches hazardous levels.

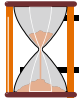
PPE should be capable of being cleaned and sanitized (or otherwise disposed of). PPE shall not be shared between employees until it has been properly cleaned and sanitized.



Your Responsibility

Should your particular job function dictate the use of personal protective equipment then you are responsible for wearing PPE as required, attending required training sessions, caring for, cleaning and maintaining PPE and informing your supervisor of the need to repair or replace PPE.

Note: Failure to comply with safe practices and use of safety PPE may result in disciplinary action.



Disaster – Emergency Preparedness Review

In recent years California has experienced one disaster after another. Our communities ask us to continue to provide health care and to minimize the trauma disaster brings. Therefore, preparing for disasters is an important role for everyone employed by a health care facility.



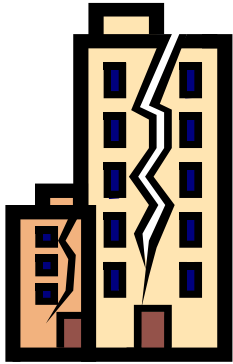
Types of Emergencies

Emergency response differs depending on what type of disaster strikes.

Internal disasters include events that affect the functions of the facility, such as: chemical spill, bomb threat or utility disruption. However, events, such as flood or earthquake could also fall into this category.

External disasters include events that affect the community including multi-casualty incidents, such as car or plane crashes, industrial accidents or explosions. Events that bring 10 or more

victims into the Emergency Department place a strain on services due to the severity and number of casualties involved. We may have little time to prepare for what comes through the door!



Hospital Incident Command System (HICS)

The Hospital Incident Command System was fashioned after the Incident Command System, (ICS) used by the Fire Service. HICS uses organizational charts and Job Action Sheets to provide a flexible management system that can expand or contract to meet the particular needs of a specific emergency.

Chain of Command

The Incident Commander is the leader. Each of four sections (Logistics, Planning, Finance and Operations) has a chief appointed by the Incident Commander. Each section chief evaluates their areas of responsibility and delegates assignments to fill critical roles. Decision making is done collaboratively.

Drills

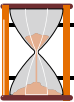
There is never a “good time” to conduct a disaster drill. However, drills condition us for the actual event. They allow for everyone to learn as much as they can before a disaster occurs. Drills are held at least twice a year.

Your Role in Emergency Preparedness

As a healthcare worker, you are required to understand your specific role and responsibilities, as well as your department’s role, in the overall emergency response plan.

- Overhead Pages:
- Internal or External Disaster =
 “Code Triage - Activate Disaster Plan”
- Bomb Threat = **“ Code Yellow”**





Disaster – Emergency Preparedness Review

Disaster Locations Chanate Campus:

- **Command Center** = In Administration, '36 wing - end of hall (**phone ext. 4005**). Could also be in the Nursing Supervisor/Staffing Office on the first floor (secondary location must be communicated to staff at least in a note).
- **Labor Pool (Manpower Pool)** = Vesalius Room.
- **Triage** = Emergency Room Admitting.
- **Immediate Care** = Emergency Department.
- **Delayed Treatment Area** = Physical Therapy Department.
- **Morgue** = To be determined at the time (most likely a room or office close to ERA).
- **Minor Treatment** = Family Practice Center.



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Employee Actions:

Immediately return to your department as assigned, assess the state of your department, and Disaster Report form (located in Safety Manual). Send one staff member with the report form Labor Pool. Leave your report on the door of your Department if you can not leave. Be to help out wherever you are needed.

Suggested Assignments:

The AOD (Administrator On Duty), or the Operations Manager is automatically assigned the role of Incident Commander – AOD will be called in to assume the role ASAP.

- The Emergency Department assumes the responsibility of Triage Unit Leader and Immediate Care Area Supervisor the minute a disaster is paged overhead.
- Emergency Admissions is responsible for implementation of victim registration.

Report to the Command Center:

The lead person in each of the following areas should report to the Command Center. From these people the Section Chiefs will be assigned.

- Respiratory Therapy
- Laboratory Services
- One from CTU/ICU/ MS1
- Pharmacy
- Administrative Clerical Staff
- Risk Management, PI and Case Management
- Information Systems
- Marketing, Public Information Officer
- Human Resources
- Management
- Security
- Facilities – Plant Operations
- Nutrition Services

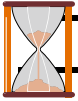


Actions in a Bomb Threat (Code Yellow):



Return to your department as assigned. If you are in the acute care facility, begin to search the area for anything unusual. This is a voluntary responsibility; however, no one will know your work area better than you do. If anything unusual is identified call the Command Center **ext. 4005 (Chanate)** or **ext. 7111(Warrack)** and report it. Do not touch anything that may be suspicious. The Santa Rosa Police Department Bomb Squad will evaluate all unusual findings. Mark all areas searched with a post-it note so others will know the area has been covered. Don't forget to search bathrooms, visitor lounges and any public places near your area. When your area has been searched and it is all clear send a completed Bomb Threat - Code Yellow report form to the

Command Center via runner.



Disaster – Emergency Preparedness Review

Do not use radios, pagers, cell phones or the Spectrolink phones to communicate during a bomb threat, bombs are often radio activated and we will want to limit this kind of communication activity. The overhead paging system, as well as regular telephones should not impact radio controlled bombs.

If you receive a Bomb Threat phone call, listen to the caller, try to ask questions and find out where the bomb has been hidden, what it looks like and when it is going to explode. While you are on the phone get someone's attention and alert the AOD to the threat. Document your encounter on the Bomb Threat – Code Yellow report form and give this report to the AOD or Nursing Supervisor immediately.

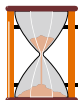
Evacuation:

If patients must be evacuated, the Incident Commander or fire department will give the order. The person in highest authority in any area may determine that it is absolutely necessary to evacuate only if life and limb are in immediate jeopardy. The Command Center must be immediately informed, via runner, if evacuation has been initiated without an executive order.

Staff will need to identify which patients are ambulatory, wheel chair, or carry-type patients. Gather charts, supplies, patient logs and keep with the patient. Be ready to evacuate with staff leading patients and visitors. Log of patients leaving unit and arriving at destination should be maintained in the sending and receiving units.

All evacuations will first be initiated horizontally behind the nearest fire door. If evacuating to a location outside the hospital then refer to the evacuation policy for your departmental route and relocation area.





Compliance – Standards of Business Conduct – Review



Standards of business conduct are intended to help guide employees through the complex laws, policies, rules and regulations, which are faced on the job in health care today. The standards were established to help employees know where to turn for help if they have questions. These standards remind each of us that our organization acts from the values of honesty and integrity in all we do. Every employee of Sutter Health is expected to uphold the highest of ethical standards and the organization vows to support this process.

Decision Tree

If you are in doubt about an issue or you have a question or concern, it is your responsibility to ask. Keep asking until you get an answer that makes sense. **It is a Sutter Health policy that no employee will be penalized for raising an issue or concern.**

Follow this process at anytime if you are not comfortable then go to the next level:

- Discuss the issue with your immediate supervisor.
- Discuss the issue with a higher level manager where you work
- Discuss the issue with another resource such as someone in Human Resources, Risk Management, Safety Officer, Legal Counsel or any other supervisor or manager.
- Call the Sutter Health Confidential Message Line – 1-800-500-1950.



Confidential Message Line (1-800-500-1950)

This is a toll free line available to all member of the Sutter Health Team. Any employee, volunteer or physician may call the Confidential Message line to ask questions regarding business related activities or to report any potentially improper action. It allows callers to report concerns anonymously. Calls are not traced or recorded and no attempt will be made to find out the identify of the caller. All calls are given a tracking number to facilitate calling the message line on Tuesdays 1-3 PM to receive status updates.

Guiding Principles For Standards of Business Conduct:

Fair Treatment of Employees

Sutter Health strives to create and maintain a work environment in which employees are treated with respect, diversity is valued and opportunities are provide for development. Harassment, abuse of any kind and discrimination in any work-related decision on the basis of race, creed, gender, age, disability status, national origin or any other unlawful basis are prohibited. If an employee perceives that inequitable or unfair conduct is occurring they are encouraged to utilize the existing grievance procedures to resolve the matter.

Patient Care

Patient care must be appropriate and designed to meet the outcomes of the treatment plan. Employees are expected to deliver appropriate, effective, quality care with compassion to patients without regard to the ability of the patient to pay or the source of payment. We strive to always treat patients with sensitivity, respect and professionalism. Patient privacy and confidentiality are critical elements of our commitment to quality patient care at Sutter.



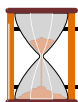
Ethical Business Practices

Conduct business with honest, fairness and integrity. These qualities are demonstrated through truthfulness, the absence of deception or fraud and respect for the law. Acting with integrity is the responsibility of every member of the Sutter Health team, irrespective of facility, location or job.



Accuracy of Records

Ensure that all patient and business records, for which you are responsible, are accurate and complete. All staff involved in the preparation of charges or coding must be trained in appropriate documentation practices. Patient records must conform to accepted standards. Medical records may be amended to correct an error or complete documentation but they may never be erased or altered. Company books and records shall not contain false or misleading information.



Compliance – Standards of Business Conduct – Review



Confidentiality of Information

Patient information may be disclosed only to those persons who need to information to properly care for the patient or to receive reimbursement for the services provided. Be careful not to discuss patient information in public places. Proprietary information obtained, developed or produced by Sutter Health and its employees is also confidential. As computer based systems to manage and communicate are expanded, employees who are granted access should take care to safeguard their passwords and any other forms of authentication they may use. When sending information via e-mail or the Internet there is no guarantee of privacy. Communications via e-mail should not be considered secure and extreme discretion should be used when sending information that might be considered confidential or sensitive.

Conflicts of Interest

If an outside interest or activity may influence or appear to influence your ability to exercise objectivity or meet your job responsibilities for Sutter Health this is a conflict of interest. A reasonable guideline to follow would be that a potential conflict of interest exists anytime an objective observer might wonder about the motivation of an employees actions. In no case may a Sutter Health employee accept a gift of more than nominal value or any cash payment from a patient. In no case should a Sutter Health employee offer or give a gift that may appear to be intended to influence the objective judgement of the receiver.

Health and Safety and Environmental Concerns

It is the Sutter Health policy to comply with all applicable workplace health and safety and environmental laws and regulations. Employees handle hazardous chemicals, infectious agents, medical waste and low-level radioactive materials at various locations. All employee are expected to handle materials according to established control, storage and disposal policies and procedures. If you do not know the correct procedures please ask your supervisor or Safety Officer. If you have any safety concerns make sure to report them. Safety is a collective responsibility.



Stewardship of Charitable Assets

All Sutter employees are expected to be good stewards of our charitable assets by maintaining and properly caring for company assets for the benefit of the communities we serve. Company property should be used with care and only for authorized purposes and in no case should it be used for personal gain. This applies to physical assets such as office equipment as well as another properly such as company records, patient information or customer lists.



Billing Practices

Medical record documentation must be provided for all services. The basic principle is that if the documentation has not been provided then the service has not been rendered. Billing must comply with state and federal requirements and all payer contracts and agreements and must be retained for periods prescribed by law and Sutter policies. Under no circumstances will a biller change any coding in order to process a claim either electronically or manually. Employees who suspect improper billing should immediately alert their supervisor or higher-level manager.

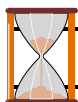
Government Investigations and Audits

Before speaking with government investigators or surveyor, employees should contact their supervisor immediately who will contact Administration. While employees have the right to speak with government investigators when off duty, do not feel pressured to do so. Employees have the right not to talk, the right to have their own legal counsel, or the right to have a representative of the company present. Employees must never destroy or alter any facility document or record, or lie or make false or misleading statements to any investigator. Should you receive a subpoena or other written request for information contact the Risk Management Department immediately for legal counsel.

Special Legal Responsibilities

It is unlawful to agree, or attempt to agree with competitors to share price information, fix processes, divide geographic markets or otherwise make any agreement that raises the price of our services or improperly reduces competition. Seek advice from your supervisor before taking any action that may compromise fair competition or compliance with anti-trust laws. No Sutter Health employee shall buy or sell stock or other securities based on inside information.





Compliance – Standards of Business Conduct – Review

Marketing /Advertising/Communications

Sutter Health is perceived as a reliable, authoritative source of information about medical care and about issues relating to the health care system. We should remain mindful of the trust the public places in us to provide accurate and balanced information. Advertising should be honest and accurate and clearly distinguish opinion from factual data. It should not disparage, demean or caricature competitors, customers or patients. Advertising should communicate a clear, consistent, high quality image of the Sutter organization and its services.



Improper Use of Funds

Sutter prohibits any payment that may be viewed as a bribe, kickback, rebate or inducements of more than a nominal value. Sutter Health may not use company funds to contribute to a political party, committee, organization or candidate in connection with a federal, state or local campaign. Employees may of course make personal contributions but they are not reimbursable by the company.

Standards of Business Conduct Scenarios

Case #1 “No Pain, No Problem”:



A patient with dementia is transferred to Sutter Medical Center for diagnostic tests. The patient is on a gurney, but not restrained. The chart states that she is easily agitated and prone to falls and cannot be left unobserved. The employee in the diagnostic center who is responsible for observing the patient is a conscientious employee who shortened his lunch and skipped his breaks earlier in the shift because the center was so busy. Now he desperately needs to call home to check on his 12 year old daughter, who is home alone with a virus. He checks on the patient, who is resting quietly, then steps into a side office to call home. The call lasts about a minute. When he returns, the patient is on the floor. He checks to see if there is any hip rotation (classic sign of a broken hip) and there is none, so he lifts her onto the gurney. He does not want to report the incident to his supervisor because he needs his job. The patient

does not appear to be in pain. What are the issues?

Discussion of the Issues:

All incidents and clinical errors are reported regardless of whether or not any harm comes. If the employee's failure to report the incident later comes to light, he will be disciplined in a manner appropriate to his past record, both for the clinical error and for the failure to report it. Even though it appears that the patient did not sustain a hip fracture – the most common injury following a fall – other less obvious injuries could have been sustained. This employee should have followed the proper policies regarding using restraints and supervision of patients.

Case #2 “Damn It – Or, excuse me, Darn It”:

You supervise a section of both male and female employees. One of your subordinates has a tendency to express himself to others (co-workers and external contacts) quite forcefully and often with profane language. While no one has formally complained to you about this person (or his pattern of expression), you feel the need to talk to him. This you do, and he says, “Hell, everyone in this organization cusses like a sailor, so why are we so different in this department?” The employee, who is a top performer, is advised that unless he curtails this behavior, you will take further disciplinary action. He says, “What a crock of bull ____!”



Discussion of the issues:

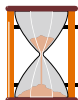
1. *Standards for Business Conduct* requires a level of professionalism on the part of all employees, both in the way they perform specific job responsibilities and in their behavior. Even though this employee is a top performer with respect to specific job duties, the frequent use of profanity reflects poorly on the organization.

2. Another issue in this case is this employee's comment suggesting that the use of profanity is widespread throughout the organization. If the employee is correct on this point you should bring this issue to the attention of upper level management in the interest of ensuring that there is consistency throughout the organization in the enforcement of policy.

Sutter Medical Center of Santa Rosa

February 2009

For complete text refer to a copy of the Sutter Health Standards of Business Conduct Handbook available from Human Resources.



Compliance – Standards of Business Conduct – Review



Case #3 “Disappearing Diagnosis”:

Your sister, who works in the same hospital as you do, developed AIDS as a result of a blood transfusion. You are afraid her physician will enter the AIDS diagnosis in her chart where anyone in medical records can see it. You are wondering what would happen if you just make the diagnosis disappear.

Discussion of the Issues:

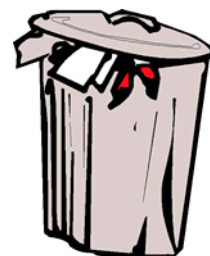
Entering a false or misleading diagnosis in the medical record is not only against Sutter Health policy, it might lead to a denial of health benefits by your sister’s insurance carrier and service provider. Removing or altering data in an official record could result in disciplinary action that might include termination.

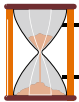
Case #4 “Just Taking Out the Garbage”:

You work with a new physician who demands that you dispose of his office medical waste. You know that a fellow employee has been picking up medical waste from various doctors' offices and disposing of it at the hospital but you are uncomfortable with this practice and believe it may be against the law. Privately, you raise the issue with the employee and he tells you it is a common practice. You don’t want to get the employee in trouble but you don’t know what you should do about this waste disposal issue. You are tempted to ask the Safety Officer, but are afraid you will get people in trouble. You are pretty sure the other employee doesn’t really know the correct procedure. What should you do?

Discussion of the Issues:

The employees should not be participating in this activity at all. The state Department of Health and Department of Environmental Protection strictly regulates the disposal of medical waste. There can be substantial fines and penalties for violating these regulations. Even though others may not comply with these regulations, you must. In order to learn the correct procedure both for your own benefit, and for the benefit of the other employee ask your Safety Officer, if you don’t feel comfortable going to your supervisor, and if you want to remain anonymous, contact the Confidential Message Line.





Performance Improvement (PI), Advance Directive, and Regulatory Review

Performance is *what* is done and *how* well it is done to provide health care.

PI is a **work philosophy** that encourages every member of the organization to **find new & better ways of doing things** in order to continuously improve the quality of care and service that we provide.

Key Points:



- **Customers Come First** – meeting customers' needs & expectations is the number one priority.
- **Every Employee is Important** – PI is everyone's responsibility.
- **Identify improvement opportunities** with your coworkers and manager.
- **Teamwork is Essential** – PI focuses on how all departments can better understand and respond to each other. It also focuses on how things can run more smoothly within departments.
- **People Who Do the Work** have the best ideas for improvement of that work. Leaders provide support, guidance, and are ultimately responsible.
- **Tasks Are Streamlined** – the idea is to improve the way the job gets done rather than blaming individuals when problems arise.
- **Ongoing Improvement is Crucial** – ask “How can we do things better?” rather than just fixing problems. Dealing with just problems is a slow, costly approach to quality.
- **Maintain Improvements** – once an improvement is made, it's up to everyone to stick with it.

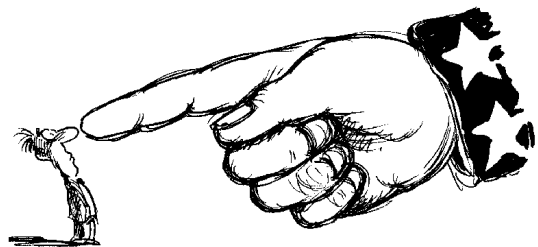
Use Plan, Do, Check, Act (PDCA)

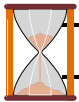


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|----------------|---|
| Plan – | Identify what needs to be improved to better meet customer needs & expectations, measure & analyze root causes (not just symptoms), generate & choose solutions |
| Do – | Map out and implement a trial run |
| Check – | Evaluate the results |
| Act – | Standardize the change and monitor to hold the gains |

Individual Effort Counts! You can make a difference by:

- **Paying Attention to Details** – do the job right the first time
- **Listening to Your Customers** – compliments & complaints are tools to help us improve quality
- **Taking Responsibility** – try to come up with a solution rather than ignoring a problem or error. Document work process issues on the Daily Unit Report.
- **Asserting Yourself** – speak up and make suggestions for improvement





Performance Improvement (PI), Advance Directive, and Regulatory Review

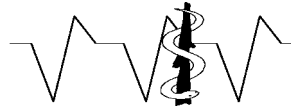
- **Avoiding Blaming** – adopt a supportive, problem-solving attitude
- **Expressing Appreciation** – thank those who improve quality
- **Improving Your Skills** – read, attend training sessions, and learn from co-workers

Advance Directives

Advance directives are written or verbal statements that direct an individual's preferred care or treatment under certain medical conditions should he or she become incapacitated. It is the responsibility of Admitting Staff to inform the Patient of their rights regarding advance directives and the responsibility of nursing staff to follow-up as part of the initial assessment.

Two examples of advance directives are:

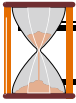
- ◆ Advanced Health Care Directive (AHCD)
- ◆ Living Will



When a Patient is admitted to the hospital, if they do not have their advance directive with them, staff have three options:

- ◆ Quickly obtain a copy of the patient's original advance directive;
- ◆ Request a Social Work referral to assist the patient in completing a new advance directive;
- ◆ Let the patient verbalize his or her wishes for the healthcare provider (physician) to document in the medical record.

Look in the Administrative Policy manual under "Advance Directives".



Elder and Dependent Adult Abuse

Elder and dependent adult abuse describes situations in which individuals experience battering, verbal abuse, exploitation, denial of rights, forced confinement, neglected medical needs, or other types of personal harm at the hands of someone responsible for assisting them in their activities of daily living.

- Reporting suspected elder and dependent adult abuse is everyone's responsibility.
- You may suspect possible abuse for the following reasons:
 - You have been informed by someone else
 - You have observed a suspicious action
 - You reasonably suspect abuse exists
- All staff working are mandated reporters.
- Reporting suspected elder or dependent abuse is your legal duty; reporting is required by California State Law
- Patients received from a licensed health facility, who have problems that appear to be the result of abuse or neglect, must be reported (PC 11161.8)

Types of Abuse

- Physical
- Emotional/Mental
- Financial
- Neglect

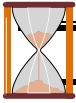


Physical Abuse

- Defined as the use of physical force that may result in bodily injury, physical pain, or impairment.
- Physical abuse may include, but is not limited to acts of violence such as hitting, beating, pushing, shaking, slapping, pinching, burning, and sexual assault.
- The appropriate use of drugs and physical restraints, force-feeding and physical punishment is also included.
- **Signs of physical abuse include:** bruises, lacerations, burns, fractures, broken eyeglasses, physical signs of having been restrained, bruises around the breasts or genitals, unexplained vaginal or rectal bleeding, torn or bloody clothing.

Emotional Abuse

- The infliction of anguish, pain or distress through verbal or nonverbal acts
- Includes, but is not limited to verbal threats, intimidation, humiliation or harassment.



Elder and Dependent Adult Abuse

Signs of Emotional Abuse

- Being upset or agitated
- Being withdrawn, nonresponsive or noncommunicative
- Unusual behavior usually attributed to dementia
- Elder's report of being verbally or emotionally mistreated

Financial Abuse

- Defined as the illegal or improper use of funds, property or assets.

Signs of Financial Abuse

- Sudden changes in bank accounts or account activity
- Unpaid bills
- Forged signatures
- Transfer of funds to unauthorized persons
- Unnecessary services

Neglect

- Failure to assist in personal hygiene, provide food, medications
- Unsafe living conditions
- Inadequate or inappropriate clothing

Signs of Neglect

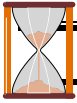
- Soiled linen or clothing
- Rashes, broken skin
- Poor hygiene, unkempt appearance

Your Responsibilities

- When a reasonable suspicion arises, you must report.
- You cannot rely on the person to whom you reported it to report; this is your responsibility under California law
- Follow SMCSR hospital Administrative Policy "Abuse and Assault Reporting"

How to Report

- Telephone the Ombudsman at (800) 554-0354 M-F / 8 am-5 pm
- Telephone the police at 543-3600 during non-office hours
- Complete Form State of California Form #341, "Report of Suspected Dependent Adult/Elder Abuse", within 2 days of reporting. Be sure to include the name of the person to whom you made the report.



Elder and Dependent Adult Abuse

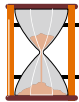
Failure to Report

- This is a crime.
- Failure to report is punishable by imprisonment and a fine.

You are Protected

- Protection from legal action is guaranteed to mandated reporters under California Law.
- Your report is confidential.



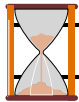


Child, Spousal & Domestic Abuse and Sexual Assault

Child Abuse (PC 11164 – 11174.3)

Child abuse are situations where newborns, infants and children under 18 years of age, are at risk of physical injury, sexual abuse, emotional cruelty, or neglect.

- **Reporting child abuse is everyone's responsibility**
- **You may suspect abuse for the following reasons:**
 - Repeated ED visits or hospitalizations
 - Injuries that do not match the history, that are unlikely areas for receiving injury
 - Denial of abuse, despite obvious signs
 - Swollen, bruised genital and/or rectal area.
 - Child presents with malnourishment, failure to thrive and/or poor physical hygiene.
 - Munchausen's Syndrome by Proxy (MSP): parent or guardian induces or fabricates symptoms in a child for attention or establish a relationship with nurses or physicians. Such symptoms include: apnea, diarrhea, vomiting, CNS depression, and bleeding, but defy explanation/treatment and disappear when the parent/guardian is not present.
 - Child presents with unusual injuries that are not normally caused by accidents (*i.e.*, between fingers, bottom of the feet, behind the ears, etc.).
 - Child presents with multiple injury sites in different stages of healing.
 - Child may cling to one parent and avoid the other or be quite and submissive in the presence of the abuser.
 - A positive toxicology screen in an infant or other indication of substance abuse by the mother, which when coupled with a needs assessment of mother and child, indicate a risk to the newborn. (This must be done before infant is discharged).
 - Inappropriate medical decisions which appear to result in medical neglect.
- **Discretionary reporting of non-physical abuse**
 - Physicians and health practitioners file a report of suspected mental suffering which is inflicted on a child and is suspected to endanger the child's well being:
 - Failure to assist with hygiene
 - Failure to provide medical care
 - Appropriating the child's money
 - Acts which unreasonably isolate the child
 - Intimidation or cruel punishment
 - Abandonment or desertion
 - Failure to provide adequate clothing, food, heat, etc.



Child, Spousal & Domestic Abuse and Sexual Assault

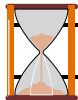
- **Staff are required to:**
 - Call Child Protective Services immediately 527-2246 M-F -or- call the Police Department 543-3600 after 1700, weekends and holidays
 - Complete State Form “Suspected Child Abuse Report” Form #341
 - Notify supervisor, manager and Social Worker
 - Follow Administrative Policy “Abuse and Assault Reporting”

Spousal and Domestic Abuse Reporting and Screening (AB 1652)

“Domestic Violence” means abuse committed against an adult or a fully emancipate minor who is a spouse, former spouse, cohabitant, former cohabitant, or person with whom the suspect has had a child or is having or has had a dating or engagement relationship.

“Abuse means intentionally or recklessly causing or attempting to cause bodily injury, or placing another person in reasonable apprehension of imminent serious bodily injury to herself, himself, or another.

- **Reporting domestic violence is everyone’s responsibility**
 - Refer to Administrative Policy: “Abuse and Assault Reporting.”
- **Screening is done upon admission**
 - Assessment and identification of abuse victims – upon admission, patients are asked screening questions to elicit if patient is a victim of physical, emotional or sexual abuse. (See Nursing Policy: Assessment and Plan of Care for Patients)
- **Objective criteria to identify possible victim**
 - Denial of abuse despite obvious signs and symptoms.
 - Patient presents with unexplained bruises, lacerations, fractures or multiple injuries in various stages of healing (*i.e.*, face, head, chest, breasts and abdomen).
 - Denial of abuse, despite obvious symptoms or minimization of injury by patient and/or partner.
 - Patient presents with vague medical complaints.
 - Patient reluctant to speak in front of partner or partner/family member answers all questions directed to the patient.
 - Repeated ED visits or hospitalizations and/or despairing, beaten down behavior.
- **How to report**
 - Telephone report to SRPD at 543-3600 or law enforcement agency in jurisdiction of location where abuse occurred.
 - Written report must be filed within 48 hours
 - Copy of report into Medical Record and to Social Worker

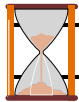


Child, Spousal & Domestic Abuse and Sexual Assault

Sexual Assault (PC 11160 - 11161)

Any adult who has been sexually assaulted, including patients, visitors, staff, volunteers and physicians. Also included are sexual assaults committed by patients, visitors, staff and physicians. Any child who has been sexually assaulted

- **Objective criteria in identifying a possible victim**
 - Denial of abuse despite obvious signs and symptoms
 - Injuries that do not match the history taking or reason for treatment
 - Patient presents with unusual injuries and/or unexplained bruises, lacerations, fractures or multiple injuries in various stages of healing.
 - Common sites of injury are face, head, chest, breasts, abdomen and genitalia.
 - Pregnant victims typically have injuries of breast, abdomen or genitalia and often abuse increases with pregnancy.
 - Somatic complaints
 - Extent or type of injury is inconsistent with explanation given by the patient or partner.
 - Substantial delay occurs between time of injury and presentation for treatment.
 - Repeated ED visits, hospitalizations or a history of prior physical abuse.
 - Patient describes symptoms in a hesitant, embarrassed or evasive manner the circumstances surrounding the accident.
 - Despairing, beaten down behavior portrayed by the patient.
 - Accompanied by a person who refuses to leave the patient's presence despite the patient's wishes
 - Previous suicide gestures or attempts
 - Implausible story explaining the injury that does not match the medical assessment.
- **How to report**
 - Telephone Report – made immediately to Santa Rosa Police Department at 543-3600 **prior** to the commencement of the required medical examination.
 - Written Report – “Medical Report – Suspected Sexual Assault, #OCJP923 (located in the Emergency Department)”
 - Consent must be obtained for an examination for evidence of a sexual assault.
 - A sexual assault exam is conducted in the Emergency Department with a specialized examiner. Form OCJP923 is used by the examiner to document sexual assault exams.
 - Hospital reporting and procedure: If a patient is sexually assaulted while hospitalized, or a patient is suspected of committing a sexual assault, consult the Shift Supervisor and Administrator of the Day.
 - Refer to the Emergency Department Sexual Assault policies for further information.

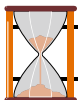


Child, Spousal & Domestic Abuse and Sexual Assault

Assault or Battery on any on-duty Hospital Personnel (AB508 and AB74)

This hospital has zero tolerance for harassment, abuse or violence in the workplace.

- All hospital employees are mandated to report
- Contact Security, Supervisor and AOD immediately
- An **assault** is an unlawful attempt, coupled with a present ability, to commit a violent injury on the person of another. (CALIFORNIA CODES PENAL CODE SECTION 240)
- A **battery** is any willful and unlawful use of force or violence upon the person of another. (CALIFORNIA CODES PENAL CODE SECTION 242)
- **How to report**
 - Telephone SRPD 543-3600 immediately
 - A written report (Report of Injury or Suspected Abuse must be filed within 72 hours after the event)
 - Incident Report must be filed in MIDAS
 - Consider requesting a Critical Incident Stress Debriefing through your Supervisor or AOD



Patients/Visitors with Disabilities

WE ARE ALL RESPONSIBLE FOR PROVIDING ACCESSIBLE FACILITIES AND SERVICES

It is the policy of Sutter Medical Center Santa Rosa to provide persons with disabilities equal access to its facilities, goods and services.

Staff (including contracted staff) will always be available to assist patients and visitors with disabilities by escorting, direction or providing an alternate means of accommodation (such as providing a clipboard for someone to write on when they can not reach the counter).

We will assure physical access to patient-care areas, visitor areas, cafeterias, and all other places open for public or patient use.

Provide effective communication by assuring the use of auxiliary aids, services and Alternative Formats for print materials.

Use Accessible Medical Equipment when necessary to optimize delivery of health care services to patients with disabilities, and train staff responsible for patient care on use of adjustable exam tables, procedure chairs, lift equipment, and other Accessible Medical Equipment, including appropriate assistance for the patients.

Ensure that Service Animals are permitted to perform their functions.

WEIGHT MEASUREMENT

Sutter Medical Center Santa Rosa will obtain and document an accurate weight measurement for patients as medically appropriate, including those with disabilities and/or activity limitations, which may include the inability to stand, balance, or step up. We have accessible scales located in MS2 and CTU but other methods of measuring a patient's weight, such as bed scales, lift equipment with scales, or other methods that may be used for all patients.

SERVICE ANIMALS

Sutter Medical Center Santa Rosa allows patients and visitors with disabilities to be accompanied by their service animals in all patient care and public access areas of Sutter Medical Center Santa Rosa facilities, except in certain limited circumstances possibly including, but not limited to Surgery, ICU, and NICU.

MOBILIZING LIFTING AND TRANSFERRING

Sutter Medical Center Santa Rosa uses safe patient mobilization practices, maintaining the privacy and dignity of all patients and reducing manual lifting whenever possible by using assistive equipment and devices for mobilizing patients, including patients with mobility disabilities. Assistance with lifting and transferring can be obtained by calling the lift team at extension 5148.

COMMUNICATION ASSISTANCE

Sutter Medical Center Santa Rosa provides **communication assistance**, Auxiliary Aids and Services, **and** Alternative Formats for print materials, where necessary for effective communication between Sutter Medical Center Santa Rosa employees, health care providers, and persons with disabilities, particularly those who are deaf, hard-of-hearing, blind or visually, cognitively or speech impaired. Good communication is paramount with issues such as concerning patient care, privacy rights, confidential information conferences and health education/training sessions provided to the public. After consulting with the patient or visitor with a disability, Sutter Medical Center Santa Rosa will be responsible for identifying the format, aid or service that will provide effective communication for that person, and will use that method in communications with the patient or visitor. See the “*Patients/Visitors with Disabilities: Communication Assistance*” policy for auxiliary aids or services.

For more information about this policy, contact SMCSR’s ADA Coordinator, Rick Barker at 707-576-4281

2010 Hospital National Patient Safety Goals

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

Identify patients correctly	Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the medicine and treatment meant for them. Make sure that the correct patient gets the correct blood type when they get a blood transfusion.
Improve staff communication	Quickly get important test results to the right staff person.
Use medicines safely	Label all medicines that are not already labeled. For example, medicines in syringes, cups and basins Take extra care with patients who take medicines to thin their blood.
Prevent infection	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Use proven guidelines to prevent infections that are difficult to treat. Use proven guidelines to prevent infection of the blood from central lines. Use safe practices to treat the part of the body where surgery was done.
Check patient medicines	Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any new medicines with their current medicines. Give a list of the patient's medicines to their next caregiver or to their regular doctor before the patient goes home. Give a list of the patient's medicines to the patient and their family before they go home. Explain the list. Some patients may get medicine in small amounts or for a short time. Make sure that it is OK for those patients to take those medicines with their current medicines.
Identify patient safety risks	Find out which patients are most likely to try to kill themselves.

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



**Adult Inpatient Department
PATIENT SAFETY IS OUR BUSINESS**

1. SAFE Communication for patient hand offs (Change of Shift Report, patient transfer).

☐ **VERBAL REPORT USING SBAR FORMAT**

Situation

Includes demographics and overall reason why the patient is in the hospital.

Background

Includes what brought the patient into the hospital (pain, vomiting, open wound...)
Co morbidities, infections, etc.
What have we done so far for the patient?
Has diagnosis been ruled in or out?

Assessment

The assessment that you did on your shift.
Include these categories;
Latest set of vital signs
Pain assessment 0-10
Neuro
Cardiovascular
Pulmonary
Skin
Genitourinary
Gastrointestinal
Musculo-Skeletal
Infection Control Issues
Psychosocial
Today's labs (abnormal and any other appropriate)
Fluid balance

Recommendations

Today's Plan of Care (a "To Do" list)

- ☐ Change of Shift Report must include both nurses rounding at patients bedside to do the following:
- Introduction of on coming nurse - (if patient is awake),
 - Review emap for late dose and unconfirmed new orders,
 - Line reconciliation: recheck line connections and trace all patient tubes an catheter to their source to assure correct fluid and rate.
 - Review chart and Kardex at change of shift report for all orders for previous shift and assure Kardex and care plan are up to date.

2. SAFE Communication with physicians

- ☐ Read back telephone orders and document T.O.R.B. flag with pink sticker for physician signatures.
- ☐ Require MD to read back when you call with critical lab values and document in progress note with yellow critical lab value stickers.
- ☐ Do not use unapproved abbreviations. Call MD to clarify any unapproved abbreviations use in orders.

<i>Abbreviation</i>	<i>Potential Problem</i>
U (for unit)	Mistaken as zero, four or cc.
IU (for international unit)	Mistaken as IV (intravenous) or 10 (ten).
Q.D., Q.O.D. (Latin abbreviation for once daily and every other day)	Mistaken for each other. The period after the Q can be mistaken for an "I" and the "O" can be mistaken for "I".
Trailing zero (X.0 mg), Lack of leading zero (.X mg)	Decimal point is missed.

MS MSO4 MgSO4	Confused for one another. Can mean morphine sulfate or magnesium sulfate.
ug (for microgram)	Mistaken for mg (milligrams) resulting in one thousand fold dosing overdose.
c.c. (for cubic centimeter)	Mistaken for U (units) when poorly written.
T.I.W. (for three times a week)	Write "3 times weekly" or "three times weekly"

3. SAFE care at the bedside

- ☐ Verify and match using 2 patient identifiers (patient name and medical record number) before acting: take a moment to focus on the 5 Rights. (Right patient, Right procedure/medication/treatment, Right time, Right dose, Right route/method) before acting.
- ☐ 2 Nurses must be at the bedside to check patient identification for blood transfusions.
- ☐ Always trace a tube or catheter from the patient to the point of origin before connecting any new device or infusion.
- ☐ Route tubes and catheters having different purposes in different, standardized directions (e.g., IV lines routed toward the head; enteric lines toward the feet). Do not place an IV pump and an enteric pump on same pole.
- ☐ For high-risk catheters (e.g., epidural, intrathecal, arterial), label the catheter and do not use catheters that have injection ports.
- ☐ LVN's may not super impose or adjust rates on central line infusions.
- ☐ Patient Controlled Analgesia
 - Two Registered Nurses must be present at patient bedside at initiation and for every dose change, and at shift report to double check original MD order, medication, concentration, dose and pump setting.
 - Carefully monitor patients:
 1. Respiratory rate and depth, levels of sedation and pain level every 30 minutes x4.
 2. Oximetry every 4 hours or as needed.
 3. Only the patient is allowed to press the PCA delivery button.
- ☐ High Risk Medications require 2 nurses to check dose (Insulin, Heparin).
- ☐ Hand hygiene before and after every patient contact. C-Diff patients require soap and water as alcohol hand rub is ineffective.
- ☐ Restraints:
 - Check patients in restraints every 15 minutes and use gap protection pads for bedrails of all patients in restraints.
- ☐ Prevent Skin Breakdown:
 - Admission skin assessment
 - Admit Braden documented
 - Pump on for Braden score of 17 or less
 - Documented reposition every hour
 - Braden every day for Braden score of 14 or less
- ☐ Follow Fall prevention Program:
 - Admission fall risk assessment
 - Fall risk reassessment every shift
 - Fall precaution alert outside of door
 - Door open so that anyone going down hall observes patient activity.
- ☐ Do not interrupt or speak to a nurse who is preparing medications.
- ☐ Patient equipment alarms may not be silenced or disabled.

I have received and reviewed the above and understand my role in protecting patient's safety:

RN/LVN Signature
Return signed copy to Manager

Date

SMCSR Intra-facility SBAR Report Sheet for In-Patients

DATE:

S	Patient Sticker		Age	Code Status	Team Leader:
			Activity: Fall Precaution? Y [] N [] Isolation? Y [] N [] Restraints? Y [] N [] Type:		
B	Diagnosis / Reason for Procedure / Co-Morbidities Latex Allergy Y [] N [] Other Allergies: Refer to Home Medication List & Allergy form		Test/Procedure preparation completed. Y [] N [] All Test/Procedure results on chart. Y [] N []		
Sending Unit Report			Returning Unit Report		
A	Neuro	<input type="checkbox"/> Confused <input type="checkbox"/> Oriented	A	Neuro	<input type="checkbox"/> Confused <input type="checkbox"/> Oriented
	Pulm/CV	<input type="checkbox"/> O2 _____ lpm Rhythm VS:		Pulm/CV	<input type="checkbox"/> O2 _____ lpm Rhythm VS:
	Skin	<input type="checkbox"/> Intact <input type="checkbox"/> At risk for breakdown		Skin	<input type="checkbox"/> Interventions:
	Other			Other	
	Equipment IV: Telemetry: Foley: Tubes: Drains: Special Precautions:			<input type="checkbox"/> Test / Treatment purpose explained to patient <input type="checkbox"/> Expected length of procedure communicated to patient <input type="checkbox"/> Concern for patient comfort / privacy communicated to patient	
Pain			Pain		
	Scale: _____ Last Pain Med Given _____ Next dose available: _____			Issues: _____ Action: _____ _____	
R	What is the plan of care/goals? (test ordered)		R	Was the plan of care/goals met?	
	Additional information / Issues:			Additional information issues :	
	Transferring nurse: _____ Contact number:: _____			Treating clinician: _____ Contact number: _____	

This form is not part of the permanent medical record



Our Amazing Journey

COMPASSION- *Respectful relationships focused on caring and healing.*

I will:

- listen and respond.
- promote healing on a physical, psychological and spiritual level for our patients and families.
- create positive first impressions by welcoming all customers with a friendly greeting and by smiling and introducing myself.
- use the “AIDET” approach: Acknowledge, Introduce, Duration, Explanation and Thank you.
- recognize that customers are our work, not an interruption of our work.
- end every patient encounter with the words, “Is there anything else I can do for you?”
- show respect by introducing myself by name, department or job function.
- say “please” and “thank you” when interacting with others.
- demonstrate respect for cultural, spiritual and personal beliefs.
- maintain a positive, calm and professional attitude when interacting with others.
- find creative ways to meet my patients and families needs.

SAFETY- *Culture of quality displayed in, every action, every day, and everywhere.*

I will:

- practice safety at all times.
- take ownership of any problem brought to my attention by handling those things I can, contacting the appropriate person for things that I cannot resolve and follow up to ensure that the issue was resolved.
- share ideas to continually improve the systems and processes at work.

EXPERTISE- *Every action is on target, on time and results focused.*

I will:

- build and apply skill in all areas at all times.
- communicate clearly with other staff and departments regarding customer needs in order to exceed expectations.
- be accountable for maintaining a peaceful, orderly and healing environment.
- take accountability to ask, if I am in doubt about an issue.
- maintain compliance with all applicable workplace, health, safety and environmental regulations.
- be accountable for my own ongoing development and performance.

TRANSPARENCY- *Open and honest communication with patients, staff, physicians and our community.*

I will:

- communicate about 5 Star quality and team.
- commit to talk to you, not about you.
- use direct communication and/or the Chain of Command to address issues that need action.
- conduct my work and maintain workplace relationships with honesty, fairness and integrity.
- maintain confidentiality of customer and co-worker matters and discuss them privately with only those that have the need to know.
- refrain from making negative judgments about others.
- promptly and appropriately address any potential violations of our standards, policies and procedures, and regulations.

EFFICIENCY- *Effective use of time and resources to provide high quality services.*

I will:

- streamline & standardize.
- create, seek out and adopt new ways of providing value to our customers. rapidly moving from ideas to expertise.
- collaborate with team members to provide the best care and services centered around patients' and families' needs.
- take accountability for accuracy and completion in the work that I do.
- use affiliate property with care and only for authorized purposes.
- be efficient and do what I can to control costs.



Our Amazing Journey

Mission

We enhance the well-being of people in the communities we serve through a not-for-profit commitment to compassion and excellence in health care services.

Vision

Sutter Health leads the transformation of health care to achieve the highest levels of quality, access and affordability.

The 5 Star Journey standards represent specific behaviors that Sutter Medical Center Santa Rosa employees and volunteers are expected to practice. Each employee and volunteer is accountable for adhering to the standards, and they are part of the measure of overall work performance.

Signature statement:

By signing this statement, I acknowledge that I have read and understand the 5 Star Journey standards.

Last Name	First Name	Date
Signature		Department
Supervisor		

Return signed form to Human Resources

HIPAA TIPS

YOUR ROLE IN KEEPING PATIENTS' INFORMATION CONFIDENTIAL



- Avoid discussing patient information in public areas.
- Access or share patient information only on the basis of **NEED TO KNOW TO DO ONE'S JOB**.



- Before mailing PHI, check to make sure each page of information belongs to the correct patient.
- Check the address on the envelope to make sure it is correct.



- If you leave your computer log off or lock it.
- Do not leave PC monitors visible to public
- Do not store PHI on laptops that are not encrypted.
- Contact the Help Desk for assistance at ext. 4695.



- Recycle confidential information in the gray shredding bins.
- Recycle non-confidential information in the blue bins.



- Verify the Fax number by writing it down and then reading it back to the requestor.
- Always use the SMCSR Fax Cover Sheet
- Check the fax number you entered two times before faxing.



- Add the SMCSR confidential Notice to your emails.
- Use Certified Mail when emailing PHI outside the Sutter Health Internal email system.



- Cover patient information when transporting it throughout the Medical Center.
- Return patient information to your office before entering public areas.



- Make sure your PDA (Blackberry) has a password so if it misplaced others cannot open it. If you lose your Blackberry, notify the Help Desk immediately, ext 4695.

Confidential

- Make sure any pictures of patients on camera's are deleted from the camera card once the picture is down loaded and placed in the patient medical record.
- Secure Camera's

If you receive a patient complaint regarding a privacy breach, you must contact the Privacy Officer immediately at 576-4303

Sutter Medical Center of Santa Rosa - COMPETENCY ASSESSMENT

Name: _____ Job Title: _____ Department: _____

Competency:

Privacy Performance Competency	Evaluator's Assessment		
	Date	Date	Date
Faxing: Identifies the purpose of using a Fax Cover Sheet: Faxes sent include: Senders Name, Department, Fax Number, and Senders Phone Number and Recipient's Name, Company, Fax Number, and Phone Number. Date Number of Pages Message Related to the content of the Fax Confidentiality notice	Yes	No	N/A
Faxing Protected Health Information: If requester of the fax is unfamiliar/unknown verifies his/her identity and the correct fax number If an authorization is required, ask the requester to fax the hospital an authorization for release of information signed by the patient or the legal representative. File authorization as part of the medical record Complete the fax cover sheet If authorization is not required only faxes the portions of the medical record need such as operative report, H&P, Physical Therapy notes Checks fax screen to ensure number is correct before pressing send	Yes	No	N/A
Computer: When leaving a computer logs off or locks it Does Not leave PC monitors visible to public Does not store PHI on laptops that are not encrypted	Yes	No	N/A
Camera: Secure in a safe place Once pictures down loaded and placed in patients Medical Record/delete from camera card	Yes	No	N/A
Mailing PHI or Giving the Patient Personal Medical Record: Prior to mailing /or handing information to patient verifies information belongs to the correct patient Before mailing checks the address to make sure it is correct	Yes	No	N/A
Recycle : Recycles confidential information in the gray shredding bins Recycles Non-confidential information in the blue bins Sharing PHI with Healthcare Team Members: Avoids discussing patient information in public areas Access or share patient information only on a need to know to do one's job Cover patient information when transporting it throughout the Medical Center	Yes	No	N/A

☐ Competency Met Date: _____

Employee/Non-Employee Signature	Date
---------------------------------	------

Managers Signature	Date
--------------------	------

CONFIDENTIALITY AGREEMENT

Sutter Medical Center of Santa Rosa has a legal and ethical responsibility to safeguard the privacy of all business and employee information and protect the confidentiality of our patient's health information. I understand that all patient information must be maintained in confidence.

As a condition of my employment/assignment, I hereby agree that I will not at any time during or after my employment/assignment with Sutter Medical Center of Santa Rosa:

- Disclose any patient information to any person or make copies of any patient reports, other than what is allowed in the Administrative Policy's - Health Information: Confidentiality and Release of Information to the General Public and Media.
- To notify Sutter Medical Center of Santa Rosa prior to the disclosure of that information, whether pursuant to a subpoena or otherwise, and to cooperate with any efforts of the Hospital to contest that disclosure.

When patient information must be discussed with other health care practitioners in the course of my work, I will use discretion to assure that such conversations cannot be overheard by others who are not involved in the patient's care.

I understand that violation of this agreement may result in corrective action, up to and including discharge.

Printed Name

Signature

Date

Sutter Medical Center of Santa Rosa

HIPAA PRIVACY REGULATIONS

I acknowledge that I have received education on the HIPAA Privacy Regulations and understand how these regulations will impact my functions and responsibilities. I understand that Sutter Medical Center Santa Rosa has policies and procedures prohibiting the violation of any laws, policies or procedures, including those related to the privacy and confidentiality of protected health information by employees or students. I also know that I may bring forward questions or concerns about the organization's privacy policies and procedures and may do so through the channels outlined in the Sutter Health Standards of Business Conduct or through the organization's Compliance Officer or Privacy Officer.

Signature: _____ Date: _____

Printed Name: _____

STAR EVALUATION — 1

SUTTER MEDICAL CENTER OF SANTA ROSA Sutter Training and Review Evaluation - 2009

CHECK ONE — ☐ ANNUAL ☐ ORIENTATION

Name:	Date:
Department:	Title:
Supervisor:	Phone number:
Instructions: Review each section of the STAR (Sutter Training and Annual Review) learning packet. 1) Complete the attached evaluation questions. 2) Return your evaluation and learning packet to your manager/instructor. 3) If you have questions please feel free to call the identified contact person.	
HAZARDOUS MATERIAL	
1. How do you know if a product is hazardous (what do you look for and where do you find the information)?	
2. What does S.I.N. stand for?	
3. List the three main mechanisms for reducing exposure to radiation?	
4. What actions should you take in case of a hazardous chemical spill?	
5. What should be completed if you identify a hazard at work?	
ERGONOMICS AND BACK SAFETY	
1. What are three work practices that can reduce your risk of an ergonomic injury?	
2. Describe your body position when working at an ergonomically correct workstation.	
3. List three physical demands of work that contribute to back injuries.	
4. Describe three corrective solutions that may be effective in reducing or preventing back injuries.	
EQUIPMENT, UTILITY MANAGEMENT, ELECTRICAL	
1. What three things should be done if equipment malfunctions?	
2. Who should check patient owned equipment before it can be used in the hospital?	
3. List three ways you can prevent a patient from becoming part of the electrical connection and receiving a shock.	

STAR EVALUATION — 2

4. Identify four causes of electrical fires.

5. Describe three actions you might take if there was a phone system failure and what alternatives you might use?

FIRE- LIFE SAFETY

1. When should patient owned cigarettes, matches and lighters be removed and stored away from their hospital bedside?

2. What does **P-A-S-S** stand for?

3. Storage and supplies must be clear how many inches from fire sprinklers to ensure fire safety?

4. In a **Code Red** or **Code Red drill** list the first three things you should do if you are in a location away from the source of the fire?

5. What does **R-A-C-E-R** stand for?

SECURITY MANAGEMENT

1. What is your role in security at Sutter Medical Center of Santa Rosa?

2. If you are threatened or assaulted what actions should you take?

3. List three verbal interventions that you could use to help manage and deescalate Assaultive behavior.

4. What is a **Code Grey** and what are the actions you should take if this is paged overhead?

MEDICAL WASTE MANAGEMENT

1. How is medical waste different than solid (regular) waste?

2. What must be disposed of in a **red bag**?

3. If you find liquid blood in the regular, clear, bag trash what should you do?

4. How should gloves and gauze with dried blood on them be disposed?

INFECTION CONTROL & PPE

1. What is the single most effective method for preventing the spread of infection?

2. List your actions if you had a blood or body fluid exposure to an open wound or mucous membrane?

STAR EVALUATION — 3

3. How are employees screened for TB, and how often?
4. If a person has a positive TB skin test they are considered infected with the TB mycobacterium, but do they have the disease?
5. How long should you wash your hands?
6. When should you wear gloves?
7. What PPE might you need to wear in your job and why would you wear it?

DISASTER – EMERGENCY PREPAREDNESS

1. What will be paged overhead if there is a multiple injury accident that brings more than 10 patients to the hospital?
2. List the first three actions you should do if “Triage Code – Activate Disaster Plan” is paged overhead?
3. Describe your role and that of your department in an Triage Code.
4. When searching your department in a Code Yellow what do you do if you find something out of place or unusual?
5. When do you evacuate according to our policy?

COMPLIANCE – STANDARDS OF BUSINESS CONDUCT

Which guiding principles from the *Standards for Business Conduct Section* do these scenarios apply? (circle the correct answer)

Case #1 “No Pain, No problem” A. Patient Care B. Ethical Business Practices C. Accuracy of Records D. Fair Treatment of Employees E. All of the above	Case #3 “Disappearing Diagnosis” A. Confidential Information B. Accuracy of Records C. Conflict of Interest D. Ethical Business Practices E. Patient Care F. All of the above
Case #2 “Damn It – or, Excuse me, Darn It” A. Fair Treatment of Employees B. Stewardship of Charitable Assets C. Ethical Business Practices D. A and C E. All of the above	Case #4 “Just Taking Out the Garbage” A. Patient Care B. Conflicts of Interest C. Ethical Business Practices D. Confidentiality of Information E. Health, Safety and Environmental Concerns F. C and E

Answer the Following Compliance Questions True or False

1. The decision tree is a reporting process employees are to use when questions or concerns arise regarding daily Sutter Health business activities.	
2. Employees <u>should first</u> make an attempt to report any concerns that arise to their immediate supervisor.	
3. Sutter Health doesn't provide a method for employees to anonymously report concerns.	
4. The only resources available to employees to address concerns are the immediate supervisor or the Confidential Message Line.	
5. The facility's Risk Management Department or Human Resource Department are local resources employees can go to with issues or concerns.	
6. There is a Sutter Health policy that ensures no employee is penalized for raising issues or concerns through appropriate channels.	

STAR EVALUATION — 4

7. Callers to the Confidential Message Line can receive updates on Thursday between 10 AM –12 PM.	
8. The <i>Standards for Business Conduct</i> are principles for daily business activities Sutter Health employees are to follow.	
9. Employees are not accountable for their daily activities they perform on behalf of Sutter Health.	
10. The “Accuracy of Records” standard in the <i>Standards for Business Conduct</i> states you are to ensure all patient and business records for which you are responsible are accurate and complete.	
11. The “Ethical Business Practices” standard states that all employees will be treated with respect, dignity and fairness.	
12. The “Stewardship of Charitable Assets” standard states employees are expected to properly care for company assets for the benefit of the board of directors.	
13. The “Conflict of Interest” standard states that there are only a few cases where a Sutter Health employee may accept a cash payment from a patient.	
14. The “Health, Safety, and Environmental Concerns” standard directs employees who to contact if they don’t know the correct procedure for handling or disposing of hazardous materials.	

PERFORMANCE IMPROVEMENT

- List 3 points of PI:
- Who is responsible for Performance Improvement? (PI)?:
- What does PDCA stand for?

ADVANCED DIRECTIVES

- Who is responsible for obtaining advance directive information from a patient here at Sutter Medical Center?
- List two examples of an advance directive.
- Identify two options we have if a patient does not bring a copy of their advanced directive to the hospital.

ABUSE

- List the 4 types of abuse in Adult and Elder abuse.
- Describe the process of what to do if you reasonably suspect abuse:
- Where do patients go for sexual assault exams?
- Who is called for child abuse reporting?

GENERAL EVALUATION

- How long did this learning packet take you to complete? (number of hours)
- How would you rate this program for overall content? (circle one) **1=Poor 2=Good 3= Excellent**
- How easy or difficult was this program for you to read and understand? **1=Difficult 2=OK 3= Easy**
- Was the information in this learning packet helpful? ? (circle one) **YES NO**
- Would you like to continue to do annual review education in this manner? (circle one) **YES NO**

Comments: _____

I acknowledge that I have received information regarding the Sutter Safety and Compliance Programs through the **STAR** (Sutter Training and Annual Review) packet and have had the opportunity to ask questions and have them answered.

Signature: _____ **Date:** _____

Return this evaluation to your manager/instructor for documentation of completion of this required activity.