2009
Annual Re-Orientation Module

Emergency Preparedness
Fire Prevention
Hazardous Materials
Infection Prevention and Control
Medical Equipment
Patient Safety Goals
Quality Improvement
Risk Management
Safety Training
Abuse Reporting
Restraints
Security
Utilities
S.A.F.E.

General Information

1. Environment of Care Manuals located on the intranet.
2. The Infection Prevention and Control Manual is located on the intranet.
3. Chaplain Services available for all employees, Ext. 4440 or 4441
4. Hazardous Materials and Waste: Yates Rhinehart Ext. 2725 or John Walker Ext.4707
5. Safety and Security: John Walker, Ext. 4707
6. Emergency Preparedness Program: John Walker, Ext. 4707
7. Electrical Concerns: Engineering, Ext. 2548
8. Managing Assaultive Behavior Training John Walker (Safety Officer), Ext. 4707
9. Repetitive Motion Injury Prevention, Ergonomics, Back Safety, and Body Mechanics: Physical Medicine, Ext. 2873.
10. Infection Prevention and Control: Suzanne Cistulli, Ext. 2540
11. Quality Management and Improvement: Maria Faulve-Montojo, Ext. 3946
12. Patient Safety: Pam Brotherton-Sedano, Ext 2578
13. Corporate Compliance/HIPPA:
14. Pamela Brotherton-Sedano, Ext. 2578
15. Kathy Harlan, Ext. 2583
16. Each Department Manager, Nurse Manager, Administrator.
15. Employee Health Services: Ext. 2629

GENERAL SAFETY AND SECURITY

Smoking Policy

Smoking is prohibited in the Hospital at all times. Smoking is permitted only in pre-designated areas outside of the facility although smoking is strongly discouraged. All smoke and debris are to be kept within the designated areas.

Staff Identification

Photo-identification badges, issued by Security, are to be worn and visible at all times at eye level. If your badge is lost or damaged, a replacement can be obtained from security with an authorization from Human Resources.

Security Services

Security is provided 24 hours a day seven days a week. Security provides many services and can be reached at extension: 4402. For immediate security response to a violent or potentially violent situation call "555". Security will respond immediately.

Security Escorts

The Security Service at O'Connor Hospital encourages the use of escorts to or from your vehicle for your protection. The security staff provides escorts at any time of the day or night. Call Security at Ext. 4402 to let them know you need an escort to your car.

Personal Security

Thefts occur because the opportunities for them are present. To prevent thefts of personal belongings and hospital property, property must be secured. Lockers, cabinets, drawers and offices should be locked at all times. Be conscientious of your surroundings and your belongings. Do not leave valuables in plain sight in your vehicle.

Emergencies

For all life-threatening security emergencies, call the hospital operator, using the emergency number ext. 555 and advise them that you have a "CODE GRAY" and the location.
For situations where a person has a weapon or has taken a hostage call "CODE SILVER" and the location.

WORKPLACE VIOLENCE

It is the policy of O'CONNOR HOSPITAL that threats of violence or violent behavior, direct or implied, will not be tolerated in the workplace. The workplace is defined as any location where business is conducted by O'CONNOR HOSPITAL employees, including vehicles and parking lots. Report any workplace violence immediately to Security at extension "555".

SAFETY ASPECTS OF EQUIPMENT USAGE AND UTILITIES

The Plant Operations, the Engineering Department and the Clinical Engineering Department are responsible for the maintenance and repair of all equipment and utilities in the hospital. Preventive maintenance is performed on a periodic basis for all medical equipment and other types of equipment.

ALERT!!

Cellular phones, 2-way radios and wireless devices are discouraged as they may interfere with vital medical and life support equipment such as telemetry, EKG monitors, ventilators, etc., by emitting electromagnetic interference. These devices may be more safely used outside critical care areas and outside buildings. Yellow phones are permitted.

S.M.D.A. – Safe Medical Device Act

The priority at the time of the failure is to restore patient care back to normal. After patient care has been restored, the failed equipment must be immediately taken out of service, tagged, and all of the associated supplies (tubes, electrodes, etc.) must be bagged and kept with the equipment. The Hospital's Risk Manager and Clinical Engineering Department must be notified at the earliest possible time.

SUMMARY OF OCH EMERGENCY CODES

Event	Code
Emergency	555
Fire	Code Red
Cardiac Arrest	Code Blue
Medical Emergency Neonatal	Code White
HazMat.Spill /Chemical Release	Code Orange
Security Assist. (Violence)	Code Gray
Person with weapon/hostage	Code Silver (Paged once overhead)
Infant Abduction	Code Pink
Child Abduction (Pediatric)	Code Purple
Disaster	Code Triage Internal/External
ER at Capacity	ER is Red
Bomb Threat	Code Yellow (Not overhead paged)
Call to a patient who appears acutely ill, prior to a cardiac arrest /adverse event	Code Rapid Response Team
Patient Stroke	Code Stroke Alert
Prevention of ED going Red	Diversion Prevention

EMERGENCY PREPAREDNESS AND FIRE SAFETY

Staff Actions for Earthquakes

Unlike many external disasters, such as hurricanes, earthquakes hit with little or no warning. Unlike most internal disasters like fires, earthquakes are all encompassing. For example, a fire might start in one area of the building and spread to others. An earthquake will affect the entire hospital almost simultaneously.

Research shows that what building occupants DO during earthquakes CAN make a difference in their ultimate safety from harm.

DURING THE SHAKING

⇒ If inside, stay there. Remain calm. Advise co-workers, patients, and visitors to do the same.

⇒ Do not try to exit down stairways during the shaking.

⇒ Move away from windows that might shatter and from tall shelves and other objects that might topple on you.

⇒ Watch for falling objects, such as light fixtures, or pieces of ceiling

⇒ Protect yourself. For instance: under a desk, on the floor against the wall. Do not run outside or stand in a doorway.

DURING THE AFTERMATH

⇒ Check to see if electrical power is on. Patients on life support systems might need emergency medical attention.

⇒ Nurses and other medical staff should calm patients and tell them to remain in their room (if these are intact). An alternative is to assemble patients in corridors and wait there until a detailed assessment of building damage is made.

⇒ Expect aftershocks. They can inflict additional damage to weakened structures.

⇒ Do not use elevators until cleared by O'CONNOR HOSPITAL's Plant Operations and Maintenance Department.

⇒ If you smell gas, do not operate any electrical equipment. Immediately call Plant Operations / Engineering.

⇒ Document property damage as soon as possible.

⇒ If your building has sustained major damage, you may need to evacuate. Remember these two points:

  ⇒ Evacuation should not be spontaneous. The decision to evacuate should be made by Hospital Administration.

  ⇒ The decision to evacuate should follow a detailed assessment of structural damage.

⇒ Rescue essential supplies, equipment, and records if you can do so safely.

⇒ Resume essential hospital functions. Although clerical and other support staff might initially be pressed into service to assist in evacuation or patient care functions, especially in a severely damaged hospital building, other hospital functions must continue.

Utilities

Utility problems can range from electrical failures to nurse call buttons not operating. A condensed version of the utility failure plans is located in the Emergency Preparedness manual. A quick system failure guide follows at the end.

What is a Disaster?

A disaster is any unexpected event which disrupts the normal operations of the Hospital. O'Connor Hospital has developed several plans of action for various types of disasters. These plans are located in the facility's Emergency Preparedness Manual.

How Do We Handle Disasters?

For managing and controlling multiple disasters at once, O'Connor Hospital utilizes the Hospital Incident Command System (HICS) in a modified format. This program has the following attributes:

⇒ Responsibility-oriented chain of command
⇒ Wide acceptance through commonality of mission and language
⇒ Prioritization of duties with the use of Job Action Sheets
⇒ Applicability to varying types and magnitudes of emergency events
⇒ Thorough documentation of actions taken in response to the emergency
⇒ Transfer of resources (mutual aid) within a particular system or from one facility to another
⇒ Flexibility in implementation of individual sections or branches of the HICS provides for minimal disruption to existing hospital departments by virtue of parallel job qualifications/duties.

FIRE SAFETY

If you discover a fire, remember "R.A.C.E."

R. RESCUE anyone in immediate danger.
A. ALARM Activate the nearest fire alarm pull station. Call the hospital switchboard dial "555" give the exact location and nature of the fire.
C. CONTAIN the fire by closing all remaining doors.
E. EXTINGUISH the fire if safe to do so.

1. If the fire is small and you know you can put it out quickly, do so using available resources (such as a bedspread, blanket, sheet, a fire extinguisher, etc.). Otherwise, do not attempt to extinguish the fire. Shut the door and leave it closed.
2. The order of the above steps is somewhat flexible. However, the evacuation of the room's occupant(s) and confinement of the fire will be the top priorities.
3. Oxygen shutdown will be the responsibility of Charge Nurse in the area or Respiratory Therapist.
4. Mark the door to the fire with a door marker or colored tape to indicate that the room has been evacuated.

Fire Emergency Response

After you hear the announcement of "Code Red"

A. Staff in the immediate area

⇒ Follow R.A.C.E.
⇒ Assist in the evacuation of the fire room and close the door to the fire room
⇒ Close all other doors on unit
⇒ Clear the corridor of equipment. DO NOT place equipment into occupied patient rooms.

B. Switchboard Operator

⇒ Page the location of the fire x 3
⇒ Place a backup call to the fire department

C. Staff to Respond to the Fire Scene

⇒ Engineering, Respiratory Therapy, Transportation, Security, Safety Officer, Adminstrator On Call, & Nursing Supervisor.

D. All Other Staff

⇒ Remain in your normally assigned work areas. If you are not in your work area when the alarm sounds, remain where you are and report to the Department Head in that area.
⇒ Place patients in rooms. Close doors to rooms.

E. **Administrator in Charge or Administrative Nursing Supervisor** (Command Center is opened in the event of a major fire only).

⇒ Set up Hospital Command Center in Rosalie Rendu Room(A & B). The Command Center will be responsible for directing additional staff to the fire area or to other areas within the building as necessary.
⇒ Collect Department Status Operating Reports from all open units and verify headcount of patients and staff from each unit and department.
⇒ Communication with the Command Center will take place by means of portable radios/spectralink phones.

F. Safety Officer / designee

⇒ Safety Officer will Establish a Command Post in proximity of the fire scene.
⇒ Verify that a headcount of patients and staff in the fire area has taken place. Inform the Fire Chief of the results.
⇒ Communicate with the Command Center via portable radios.

G. Security

⇒ Meet with the Fire Department and inform them of the entry door that will bring them directly into the fire area without going against patient evacuation flow.

Extended Evacuation

A. Fire in Patient Care Areas

⇒ Evacuation of the remaining rooms in the smoke compartment will take place at the discretion of the Fire Department / Incident Commander / designee EVACUATION should take place only if
  ⇒ The fire has not been extinguished AND
  ⇒ There is little or no smoke in the corridor

IF DIRECTED TO EVACUATE BY ONE OF THE ABOVE YOU SHOULD NOTE THE FOLLOWING…

⇒ Staff members will begin evacuating the rooms on both sides of the fire first, followed by the room across from the fire room. This will be followed by the remaining rooms in the fire compartment.

⇒ The patients will be moved to the adjacent side of the fire/smoke barrier doors per the evacuation direction diagram.

⇒ The person in charge of the area will mark the doors with door marker tags or colored tape to indicate the room has been evacuated.

⇒ Upon arrival at the evacuation site, the staff member in charge of the fire area will verify that all patients and staff are accounted for, and report results to the Command Center.

⇒ If evacuation of the floor or building is necessary, this will take place from the non-fire side of the building, using the stairwell/exit furthest from the fire. Building evacuation will be a fire department/administrative decision.

B. Fire in Non-Patient Areas

In the event of a fire in a non-patient area, the actions in Sections I and II of this plan will be followed. Staff from the evacuated area will then report to the department's assembly point where the person in charge of each department will take a head count to verify that all staff are out of the fire area and then report this information to the Command Center.

The person discovering the fire should give information (location and nature of the fire) to the person in charge before responding to the assembly point.

Fire Extinguishment

Fire extinguishers at O'Connor Hospital are predominantly classified as "ABC" extinguishers.
Only trained personnel should use a fire extinguisher, initiate the following procedure:

P Pull the Pin
A Aim the hose at the base of the fire
S Squeeze the handle
S Sweep from side to side

ELECTRICAL SAFETY

1. No untrained employee will operate equipment or machinery.
2. Do not attempt to use or start electrical equipment if hands are wet or if standing on a wet surface.
3. Overloading of any electrical outlets is prohibited.
4. Working surfaces will be kept dry when working with, or near electrical apparatus.
5. No metal ladders will be used within six (6) feet of live circuits.
6. A clear space of at least 36 inches will be maintained in front and to the sides of all electrical panels and switch gear.
7. Protect electrical cords from oil, chemicals, and rough surfaces.
8. The green (ground) wires on all portable tools and extension cords will be securely fastened at both ends of the cords. The third or grounding prong on the cord will not be removed nor bent aside to allow insertion into a two-prong receptacle. Do not use 3-prong to 2-prong adapters.
9. All electrical wires must be considered "live" until proven otherwise.
10. Only Engineering Department personnel will work on live circuits.
11. Only authorized and qualified personnel will make repairs or work on electrical equipment.
12. Do not use any electrical equipment with frayed or otherwise deteriorated insulation.
13. The use of makeshift or over-capacity fuses and circuit breakers is prohibited.
14. Steam, water or oil leaks near electrical equipment will be reported immediately to the supervisor in charge.
15. Electrical equipment which is heating excessively or sparking will be shut off. Call Engineering Department personnel to correct the situation at ext. 2548 .
16. All portable and fixed electrical equipment must be checked by Engineering or Biomedical Engineeering for proper ground before being put into service.
17. Extension cords must be of hospital-grade and are not to be used on a permanent basis.
18. Personal patient or associate electrical devices are discouraged, but, if necessary, must be inspected by Engineering or Clinical Engineering prior to use.

HAZARDOUS MATERIALS

Any material which is listed on the CalEPA List of Lists is considered hazardous. An inventory of these materials which are located at O'Connor Hospital is located in the Safety Office. The Material Safety Data Sheets are located on the computer marked with the icon E MSDS.

REMEMBER!! DO NOT USE A HAZARDOUS MATERIAL WHICH YOU DO NOT UNDERSTAND. FIND AND READ THE M.S.D.S.

O'Connor Hospital has asbestos here and there throughout the facility. Asbestos poses no risk to you if it is left alone and stays dormant. If it is disturbed, special precautions are taken to prevent the asbestos fibers from being released or disbursed.

Hazardous Waste

Hazardous Waste includes outdated laboratory chemicals, mercury, asbestos, waste oil, spent film developer, PCBs, and batteries. This waste is reported to the Hazardous Materials Technician and generally transported to the hazardous waste storage area. It is specifically identified and shipped out for recycling or disposal within 90 days of being placed in storage.

Hazmat Spills

⇒ If a major hazardous material spill occurs, the Hospital Switchboard Operator should be notified immediately by dialing Ext. 555 and describing the situation and location. Patients, visitors, and personnel must be kept away until the spill is neutralized or cleaned up. PBX will then page a "Code Orange."

⇒ The Engineering Department has additional absorbent or containment materials available.

⇒ If a hazardous material spill occurs, most departments have kits which are used to either absorb or neutralize the spill.

⇒ If it becomes necessary to evacuate a hazardous material spill area, the Administrative House Supervisor, the Administrator in charge or the safety officer will make this decision and an appropriate emergency code will be called via the overhead paging system.

MEDICAL WASTE

1. **Red Bag Waste** is regulated medical (infectious) waste and is defined on the Waste Disposal Matrix charts in your department

⇒ All containers must have Biohazardous Waste stickers on them.

Pathological Waste includes body tissue, organs, placentas, and fluids in any suction canisters etc. All are discarded in containers marked Biohazardous Waste.

2. **Sharps Waste**

- Place all sharps waste in the sharps containers. Do not place any non-sharps waste (i.e. 2x2s, alcohol swabs, straws, etc.) in the sharps container as this is a violation of the Environmental Health & Safety Code.
- If sharps containers become filled before routine removal, call Environmental Services to replace the container.
- Never over fill the sharps container (container has fill line marked on front of container).

3. **Pharmaceutical Waste**

- Discard any unused Pharmaceutical Waste as defined per hospital policy in the light blue container or white container with blue lid on the nursing units or wherever pharmaceutical waste is generated. Call the Pharmacy if you have any questions about discarding Pharmaceutical Waste at Ext. 3444.
- Do not place any sharps in the Pharmaceutical Waste container unless container is marked "Pharmaceutical/Sharps"!

4. **Chemotherapy Waste**

Discard only trace chemo waste in the chemo waste containers. Trace Chemo waste is defined as saline flushed IV tubings used to deliver IV chemotherapy, gowns, gloves and empty vials. Everything else is considered Hazardous waste and must be treated as RCRA waste.

5. Hazardous RCRA Pharmecautical Waste

Bulk Chemotherapy and any medication marked with a special yellow sticker saying "RCRA Waste" must be placed in special containers – see the Waste Disposal Matrix on you units.

These materials are collected in the appropriate containers on each unit and transported by the O'Connor Hospital Environmental Services Department to the designated regulated medical waste storage area. Our contracted transporter picks this material up and hauls it to their processing facility for treatment and disposal.

Regular trash that is not considered biohazard waste should not be placed in Red Bags or Medical Waste Containers. By the same token, biohazard waste should NEVER be placed in regular trash recepticles.

SAFETY
INJURY PREVENTION

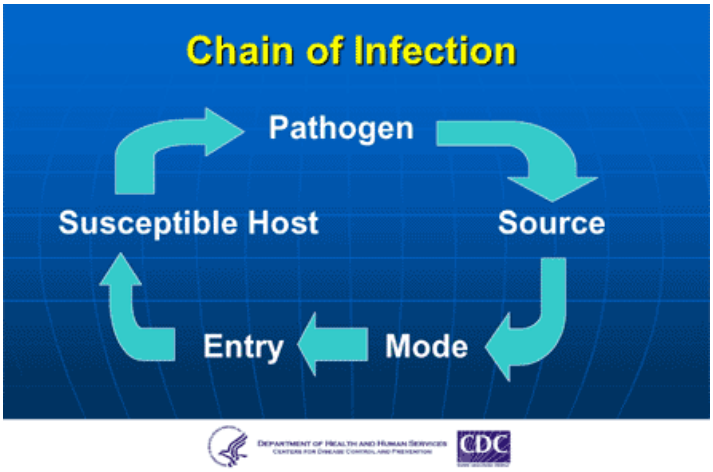
O'Connor Hospital is committed to provide a safe environment for its associates. Each associate is responsible for performing job duties in a safe manner, following policies and reporting hazards.

When an associate is injured they are to immediately report to their Supervisor or the Nursing Supervisor if their Supervisor is not on duty at the time. The injured associate shall enter incident in on-line Risk Management Incident System.

O'Connor provides a transitional duty program for associates who are injured at O'Connor. This program is administered by Employee Health Services.

INFECTION PREVENTION AND CONTROL

How does infection spread? Review the cycle of Infection:



The Rise of Tuberculosis

In 1986, after three decades of steady decline, TB reemerged in epidemic proportions in the United States. During 2007, a total of 13, 299 new cases of TB were reported to the Centers for Disease Control and Prevention, with California randing **2nd** of all states with the number of persons with active disease. California's rate in 2007 was 7.2 cases per 100,000 residents. Santa Clara had an increase of new TB cases to 241 in 2007 for a rate of 13.4 cases per 100,000 residents. In 2008, OCH had 10 new cases of pulmonary TB and one extra pulmonary case.

What Is Tuberculosis?

Tuberculosis is an infectious disease that is spread through the air via airborne droplet nuclei when someone with active disease of the lung or larynx coughs, sneezes, or speaks. The disease may be spread to others who share the same air space and inhale the contaminated air into the lungs. It is not easily transmitted, however, as the body's first line of defense, the upper airway, prevents most inhaled TB organisms from ever reaching the lungs. About 30% of people who spend a lot of time (close contacts) with someone who has infectious TB disease become infected with MYCOBACTERIUM TUBERCULOSIS, the organism that causes TB. This disease usually affects the lungs and can also spread to other parts of the body such as the brain, spine, or kidney.

Who is at risk of Tuberculosis Disease?

1. HIV-Infected persons:
   HIV infected health care workers are encouraged to discuss this matter with their personal physician so they may make an "informed decision" about the risk of occupational exposure.
2. Close contacts of persons with active infectious tuberculosis.
3. Persons with conditions that increase the risk of active tuberculosis after infection (diabetes mellitus, chronic renal failure, malignancies, etc.).
4. Persons born in countries or geographic regions with a high prevalence of tuberculosis.
5. Substance abusers, such as alcoholics, IV drug users, and cocaine or crack users.
6. Residents of long-term care facilities, nursing homes, prisons, mental institutions, homeless shelters, and other congregate housing settings.
7. Medically under served low-income populations.
8. Healthcare workers and others who provide service to any high-risk group.

Tuberculosis Infection Prevention and Control Measures

The main goal of the Infection Prevention and Control Program at O'Connor Hospital is to detect TB disease early in individuals and to promptly isolate and treat people who have the disease. Infection Prevention and Control and prevention measures include three types of controls: administrative controls, engineering controls, and personal respiratory protection.

1. Administrative Controls

Prompt detection of patients who have TB:

A. Clinicians and other health care workers should be alert for TB disease in high-risk individuals and suspect TB disease in any patient who has a persistent cough, bloody sputum, weight loss or loss of appetite, fever, and night sweats.

B. Patients who have signs or symptoms of TB disease should be placed in an area away from others on airborne isolation precautions and promptly given a diagnostic evaluation**. <u>These patients should be given a standard mask to wear when not in a negative-pressure room.</u>**

C. **They should also be given tissues and asked to cover their nose and mouth at all times when coughing or sneezing.** The standard mask is an effective control measure when worn by the patient as the droplet nuclei generated between the mouth and mask are larger than 1-5 microns in size and remain trapped inside the mask.

D. Early treatment of patients with TB disease:
The disease must be treated with multiple drugs for a long time, 6-24 months. The duration of therapy depends on the drugs used, the drug susceptibility test results and the patient's response to therapy. Usually, within 2-3 weeks after adequate treatment is begun, the patient is no longer infectious.

2. Engineering Controls:

Two common types of engineering controls used in conjunction with other measures are ventilation and high-efficiency particulate air (HEPA) filtration.

In airborne isolation rooms, hospitals ventilation systems have been designed to maintain negative air pressure and to exhaust the contaminated air properly. A minimum of 12 air changes per hour is required. **Portable HEPA filter machines may not be used unless directly vented into the exhaust system by Engineering. Please call the Endingeering department when there is absolutely no negative airflow room available. These HEPA filter machines are to only be used as a last resort.** O'CONNOR HOSPITAL has 25 negative airflow rooms that alarm if there is a problem with negative pressure but only 14 are in the acute care and one is located in TCC. Call Engineering to report any problems.

3. Personal Respiratory Protection:

Health Care Workers are required to wear specially designed and fitted Respiratory Masks in TB isolation rooms, rooms where cough-inducing procedures are performed, and in vehicles transporting infectious TB patients.

The respiratory mask is specially designed to "filter out" droplet nuclei in the shared air space. Employee certification for respirator use, individual fit testing for respiratory size and function, and respirator education is required by CAL OSHA for all employees providing care to patients with active TB disease. This respirator is not approved for patient use and patients are not to wear them. Contact Employee Health for more information.

TB screening is performed annually for all Associates(except TCC Associates) in their birthday month. TCC Associates have TB screening done annually in their anniversary month.

Recognizing Latex Allergy

Latex exposure can result in three types of reactions: irritant contact dermatitis, allergic contact dermatitis, and immediate allergic reaction. The two kinds of contact dermatitis usually occur from wearing latex gloves, while an immediate allergic reaction may occur by touching or being touched by latex or by inhaling airborne latex proteins released from glove powder.

IRRITANT CONTACT DERMATITIS:

…is a non-allergic reaction that results in a dry, red, cracked, or crusted skin rash on the hands. It is caused by sweating or rubbing under the glove, by detergent, soap, or antiseptics used in hand washing or surgical scrubbing, or by glove powders.

ALLERGIC CONTACT DERMATITIS

…ALSO KNOWN AS CHEMICAL SENSITIVITY DERMATITIS OR DELAYED HYPERSENSITIVITY.
It is a specific immune response to chemical additives such as thiurams or carbamates added to latex during processing. Blisters or a rash resembling eczema appear on the back of the hands approximately 48 hours to 96 hours after exposure, and the skin can become dry, thickened, and crusted. Contact dermatitis is the most common reaction to latex, and may progress to a generalized, systemic allergy if exposure continues, especially if the skin's barrier protection is broken down.
IMMEDIATE ALLERGIC REACTION

…is caused by latex proteins that directly sensitize the INDIVIDUAL RAPIDLY. Immediate "classic" allergic reaction symptoms include sneezing, runny nose, itching and hives, watery or itchy eyes, shortness of breath, anxiety, difficulty in breathing, asthma-like reaction (bronchospasm), and, in rare cases among extremely sensitized individuals, anaphylaxis and possibly death. Once a worker is sensitized to latex proteins, even a brief exposure can produce a rapid reaction similar to a bee or wasp sting in allergic individuals.

SAFE WORK PRACTICES

At this time, our goal is to establish a latex-safe environment. The use of non-powdered, low protein latex gloves, in order to protect both the health care worker and the patient, is very important.

Health care workers who are allergic should avoid use of all latex-containing products, including gloves. Manufacturers of medical supplies have begun to address the issue by producing, when possible, latex-free products.

When an individual develops a sensitivity to latex, all persons need to help reduce the risk of repeated latex exposure. If low-powdered latex gloves are used, the worker should avoid the customary "snap" when putting them on or removing them. Remember: even latex glove powder adhering to a counter top, telephone, or a uniform can become aerosolized.

REPORTING OF A SUSPECTED LATEX ALLERGY

If you start to develop symptoms of what you suspect may be a latex allergy, it is important to have a medical evaluation. Inform your manager of the symptoms and contact the Employee Health Department at Ext. 2629.

STANDARD PRECAUTIONS REVIEW

"Standard Precautions" provide a consistent approach to managing blood and body substances from all patients and are essential to prevent transmission of potentially infectious agents which include the Hepatitis B and C viruses and the AIDS virus (HIV). They dictate handwashing between all patients and appropriate barrier precautions to prevent direct

contact with all body fluids, secretions, and excretions except sweat. Most healthcare workers will find that Standard Precautions are familiar to them as they synthesize the major features of Universal Precautions and Body Substance Isolation into a single set of precautionary measures.

Implementation:

The following elements should be followed by all personnel at all times regardless of the patient's diagnosis:

1 Wear gloves when it is likely that hands will be in contact with body substances such as blood, urine, feces, wound drainage, oral secretions, sputum, vomitus and any other tissue or fluid.
2 Protect clothing with a plastic apron or gown when it is likely that clothing will be soiled with body substances.
3 Wear face protection when it is likely that eyes and mucous membranes of the nose and mouth will be splashed with body substances.
4 Wash hands often and well (minimum 15 seconds). Use an alcohol-based hand sanitizer if hands are not visibly soiled.
5 Discard uncapped needles & sharps in puncture-resistance containers designed for sharps disposal.
6 Discard trash and linen in impervious (leak-proof) plastic bags.
7 Discard Regulated Medical Waste (Infectious) **ONLY** in designated Biohazardous Waste containers.
8 Clean & decontaminate all equipment and environmental working surfaces upon contact with blood/body substances or other potentially infectious agents.

Other Considerations:

Obtain the Hepatitis B vaccine (free of charge) through Employee Health when working in a job classification that places you at risk of occupational exposure.

SHARPS-RELATED INJURY PREVENTION

Sharps refers to any objects that have the ability to penetrate the skin. The sources of sharps-related injuries include:

1. Needlestick injuries (greatest risk)
2. Recapping or disposing of used syringes
3. Administering medications by injection
4. Withdrawing blood specimens
5. Starting I.V.s and similar activities
6. Collecting, emptying, and transporting trash
7. Collecting, sorting, bagging, and transporting used linens
8. Not following directions when disposing of sharps
9. Lack of proper training and supervision

The goal of the program is…ZERO INJURIES!

Bloodborne Pathogen Program:

You can obtain a copy of the Bloodborne Pathogen Standard in Employee Health or on-line at http://www.dir.ca.gov/title8/5193.html
Addtionally, the Exposure Control Plan for OCH is located in the Infection Prevention and Control Manual and on the hospital intranet in the Infection Prevention and Control Policy web site which is housed in the Hospital-wide Policy section.

The Bloodborne Pathogens, Hepatitis B (HBV), Hepatitis C (HCV) and Human immunodeficiency virus (HIV) can be transmitted through direct exposure to blood and body fluids though needlesticks, blood and/or body fluid splashes to unprotected mucus membranes (eys, nose or mouth), IV drug use and by having unprotected sexual relations with a person who has HBV, HCV or HIV.

Any exposed employee will be responsible to:

1. Scrub the exposed area vigorously with soap and water or irrigate exposed mucus membranes (eye, now or mouth) with water.
2. Identify the source person who created the exposure.
3. Notify the appropriate person immediately after the exposure occurs. During the day shift, notify your supervisor; at all other times, notify the Nursing House Supervisor.
4. Report to Employee Health immediately for initial evaluation and treatment.
5. If Employee Health is closed, report, immediately to the Emergency Room.
6. As soon as possible after Emergency Department care, call Employee Health to set up an appointment for counseling and follow up.

Direct Care Provider's Responsibility:

Unless protective measures (i.e., handwashing, gloves) are required for the procedure, it is the direct care giver's responsibility to anticipate the need for protective measures.

Wearing the correct Personal Protective Equipment (PPE) is very important to prevent you from getting exposed to HBV, HCV and HIV.

When deciding what protective measures are appropriate for any given task or procedure, ask yourself these questions:

- WILL I COME IN CONTACT WITH BLOOD OR BODY FLUIDS?
- WHAT KIND (BLOOD, SPUTUM, ETC.) AND IN WHAT QUANTITY?
- WHAT CONDITION ARE MY HANDS IN (INTACT, CUT, SORES)?
- AM I AT RISK OF A SPLASH TO THE FACE OR BODY?
- WHAT IS THE PATIENT LIKE? IS THE PATIENT ALERT, COOPERATIVE, CONFUSED, DISORIENTED, OR COMBATIVE?
- WHAT IS MY SKILL LEVEL FOR THIS PROCEDURE OR TASK?

You generally know your individual skill level for procedures. Judgment is frequently based on what your individual practice is (e.g., standing completely to one side of the bed while suctioning).

Some examples include:

1. Gloves are **ALWAYS** to be worn when starting an I.V. or when performing a laboratory blood specimen withdrawal on any patient.
2. A mask is required when suctioning a patient who is combative or is coughing.
3. The patient has a history of coughing while being suctioned and produces large amounts of sputum. In this situation, the use of facial protection is indicated. The patient could abruptly turn his or her head when coughing and the likelihood of droplet formation is high. Even if you stand at the side of the bed, the situation is not well controlled. (Note: if the patient was cooperative, had been suctioned previously, and was dry, or doesn't cough with suctioning, facial protection may not be indicated.)
4. Wear a face shield and mask when in the OR, during deliveries in L&D, during an invasive procedure at the bedside such as Central Line insertions and during any invasive spinal procedures.
5. Wear a gown if soiling of your clothing is likely – even if the patient is not on Contact Precautions.

What are the symptoms of a Bloodborne Pathogen exposure?

About two weeks after a Blood or Body Fluid exposure to HBV, HCV or HIV, you may experience some physical flu like symptoms or have none at all. If you experience any of the following symptoms, notify Employee Health immediately:

1. fever
2. fatigue
3. jaundice (skin turns yellow)
4. swollen lymph nodes
5. lack of appetite
6. abdominal pain
7. sore throat
8. rash

The Ten Commandments of Sharps Safety:

1. Store sharps safely and carefully.
2. **Dispose of sharps AND syringes properly and only in a rigid SHARPS CONTAINER.**
3. Don't reach into disposal containers and bags and always watch out for hidden sharps.
4. Handle laundry with care. Hold bags and containers away from the body.
5. Handle trash with care. Hold bags and containers away from the body.
6. Clean instrument trays and instruments with caution.
7. Wear or use required protective equipment.
8. Let a falling sharp object fall. DON'T TRY TO CATCH IT.
9. Don't carry loose sharps in your pocket.
10. Practice safe sharps handling techniques at all times.

Improving Processes and Services

Objective:

O'Connor Hospital is committed to providing quality healthcare services to all of our patients. As an organization, we realize that in order to provide quality patient care services, we must continually measure, assess and improve processes and outcomes related to the important services that we provide.

Performance Improvement:

- In order to improve patient care quality and promote service excellence, many hospitals and health service organizations, including O'Connor Hospital, have adopted the basic principles of P.I., which stands for Performance Improvement.
- P.I. emphasizes teamwork and dictates that patient care processes and systems should be designed and continually improved so they are free of waste, rework, and complexity.

Process: FOCUS-PDCA:

O'Connor Hospital follows a particular P.I. process model when conducting quality improvement activities. "FOCUS-PDCA" outlines the steps our P.I. teams actually follow when problem-solving a Hospital process or procedure. The letters stand for the following:

F-ind an Opportunity to Improve
O-rganize a Team Which Understands the Process
C-larify the Current Knowledge of the Process
U-nderstand the Cause of Process Variation
S-elect the Process Improvement

P-lan the Improvement
D-o the Improvement, Data Collection, & Analysis
C-heck Results
A-ct to Hold the Gain & Continue to improve the process

The P.I. teams following the FOCUS-PDCA model are composed of a wide variety of people that reflect a cross-section of our associates and physicians.

Departmental Performance Improvement:

- All Patient Care and Clinical Departments have responsibilities for monitoring key indicators related to processes or services.
- Data on the key indicators and overall performance is reviewed with the Quality Improvement Committee at least every 6 months.
- Managers should review data with associates at staff meetings.
- All associates should participate in monitoring and improving the departmental indicators and be knowledgable of the performance and improvement actions being implemented.

Patient Safety and Error Reduction

O'Connor Hospital is committed to continuously improving patient safety and reducing health care errors.

- The Quality Improvement Committee (QIC) coordinates our activities related to improving patient safety and reducing errors.
- The organization's leaders have developed an organization-wide patient safety and error reduction program which integrates activities related to performance improvement, environmental safety, and risk management.

2008 OCH National Patient Safety Goals

- **Use TWO patient identifiers**
- **Read back verbal and phone orders**
- **Eliminate Wrong Site, Wrong Patient, Wrong procedure Surgery**
- **Read back and document critical lab values**
- **When giving report, always allow for questions and clarification**
- **Encourage patient/family members to speak up when there is a safety concern.**
- **Wash Hands for 15 seconds**
- **Prevent & Routinely assess patient's risk for: development of pressure ulcers, falls, pain, restraints, suicide**
- **Reduce Risk of Flu and Pneumonia**
- **Clinical Alarm systems must be audible**
- **Reduce risk of surgical fires.**

Sentinel Event Management

A Sentinel Event is an unexpected occurrence or variation involving death or serious physical or psychological injury, or the risk thereof (meaning a "near miss" or a problem that could have led to the unexpected outcome).

- If a sentinel event occurs at O'Connor Hospital, we require that a careful, in-depth analysis to identify the root cause of the event be conducted. This analysis is referred to as a Root Cause Analysis (RCA).

The RCA will help the organization improve patient safety by:

- Development of a plan of correction
- Implementing improvements in key processes
- Preventing such an event from occurring again
- Monitoring the improvements made to make sure that we have corrected the identified problems.

Risk Management

Every hospital's governing body or authority ultimately is responsible for the quality of care that their hospital provides. To carry out this responsibility, the Board of Directors provides for the effective functioning of Hospital activities related to:

10. delivering quality patient care
11. performance and quality improvement
12. medical staff credentialing
13. financial management
14. risk management

The Joint Commission (JC) evaluates these activities during an official accreditation survey.

Definition:

JC defines Risk Management as a set of clinical and administrative activities that health care organizations undertake to identify, evaluate, and reduce the risk of injury to patients, staff, and visitors and the risk of loss to the organization itself.

Reporting:

The formal communication tool used to report an unexpected event or occurrence to the Medical Staff Committee(s) responsible for the quality of care and hospital safety is the "Incident Report."

What should be reported?

Any event or occurrence that involves injury/loss, or risk of injury/loss, to a patient or someone else within the physical boundaries of the Hospital.

Who Initiates the Report?

Any employee, volunteer, contracted individual, or medical staff member who either discovered, was a witness to, or was directly involved in a reportable event/occurrence.

When is the report completed?

At the time of the event/occurrence, or as close to the time of the event/occurrence as possible.

Where is the report routed?

The Incident Report is automatically directed to the Department Manager and the Risk Management Department through the electornic incident reporting system. The Department Manager is responsible for follow up and investigation for these incidents and addressing these issues in the electronic system.

OCH JC Survey Readiness

All hospitals in California are regulated by the following agencies which can survey the hospitals at any time:

- The Joint Commission (TJC)
- The California Department of Public Health Services (CDPHS)
- The California Medical Association's Institute for Medical Quality (IMQ)
- The Centers for Medicare and Medicaid (in California= Medi-cal) of the Federal Government (CMS)

Our goal is to be "Survey Ready" at all times for any type of survey or review by an external agency.
How can each of us prepare for a survey by one of the above agencies:

- Understand the policies and procedures related your specific job function and department;
- Understand the organizational policies related to your job function such as Fire and Disaster procedures and preparation, and Infection Prevention and Control Policies;
- Be able to discuss your Departmental Performance Improvement activities. Give an example of a PI project in your department that was successful in improving processes, services or direct patient care delivery;
- Be familiar with the JC standards for your job;
- Participate in group interviews, trainings and departmental activities.

Working to meet JC standards is worth the effort! O'Connor Hospital's Accreditation shows our facility has voluntarily met strict guidelines and is committed to quality care.

A random unannounced JC survey could occur anytime. JC surveys are unannounced and may occur anytime within a 3 year period.

In order to maintain an excellent culture of patient and associate safety, our goal at O'Connor Hospital is to be "survey ready" at all times.

ABUSE REPORTING

Section 15600-15639 of the California Welfare and Institution Code requires that every health care employee be aware of his or her obligation to report instances of child, elderly, dependent adult, or intimate partner abuse, neglect, or assault to the proper authorities. Elder and dependent adult abuse/neglect are reported by phone to Adult Protective Services ASAP, followed by a written report within 2 days. Child abuse and neglect are reported to Child protective services. Forms are in the ER and Social Services. No reports are placed in the chart, please interoffice mail them to the Director of Social Services. Intimate partner abuse and assault are repoted to the police and recorded on a Violent Injury report which can be placed in the chart. See hospital policy on abuse for annual review of the indicators and guidelines for determining suspicion of abuse/neglect and examples of forms. Call social services for assistance at 7664 or overhead page on weekdays, and through the house supervisor after hours and weekends. Be diligent, help keep our community safe from abuse.

RESTRAINTS

"Consistent with our Mission and Values, O'Connor Hospital seeks to encourage an environment which promotes and maintains patient's rights while protecting patient safety and preserving the dignity and well-being of patients and others. The leadership of the Hospital supports the rights of our patients to be free from restraint. The use of restraints would be a last resort after alternative interventions have been considered or attempted."

S.A.F.E.

S.A.F.E. stands for Safe and Fall Free Environment. The program is designed to aid in the prevention of patient falls and accidents. Goals include identifying patients at risk for falls and utilizing a standard that alerts nursing and ancillary staff to those patients. Identifiers include…recent fall or fx, physical limitations that affect mobility, disorientation, confusion or short term memory loss, medications etc. If a patient is determined to be of moderate or high risk for falls we would then…

Place a purple armband on the patient's arm.
Place a falling star outside the patient's door.
Mark the patient's Kardex with S.A.F.E.

All hospital associates are to be aware of what these identifiers mean…purple armband helps associates in ancillary departments know not to leave a patient unattended while waiting for a test. Ancillary departments making rounds on nursing units will recognize the falling star and know to glance in the room and identify if they see something unsafe. If the patient is unsafe they would notify the nurse immediately. If the patient has fallen they would stay with the patient until the nurse arrives.

REPETITIVE MOTION INJURY PREVENTION
&
RULES OF GOOD BODY MECHANICS

RULES OF GOOD BODY MECHANICS

- Have a stable wide base of support
- Bend your knees and hips
- Do not hold your breath
- Avoid twisting
- Plan your transfers
- Keep the object close to you
- Tighten your abdominal and buttock muscles when lifting
- Avoid fast jerking
- Know your limitation

LIFTING PRINCIPLES

- Maintain proper posture and head alignment while lifting
- Slide object as close as possible before lifting
- Move obstacles out of the way
- Test before lifting; if it is too heavy, ask for help
- Tighten stomach muscles without holding your breath
- Use smooth movements and do not jerk when lifting
- Use your legs to do the work and pivot your feet
- Distribute the workload symmetrically and keep close to the center of your trunk
- Whenever possible; push instead of pull

SYSTEM FAILURE GUIDE

FAILURE OF	WHAT TO EXPECT	WHO TO CONTACT	RESPONSIBILITY
ELECTRICAL POWER	MAJORITY OUTLET NO POWER, RED OUTLETS O.K. ELEVATOR SERVICE MAY BE DISRUPTED A/C OFF	PLANT OPERATIONS	CHECK LIFE SUPPORT SYSTEMS ARE ON EMERGENCY POWER TURN OFF NON-ESSENTIAL EQUIPMENT. ENSURE FLASHLIGHTS ARE AVAILABLE. BE PREPARED TO VENTILATE PTS. OR FINISH AND DO NOT START CASES.
GENERATORS	TOTAL POWER OUTAGE	PLANT OPERATIONS	FLASHLIGHTS, HAND VENTILATE PATIENTS MANUALLY REGULATE IV"S. OR TO FINISH DO NOT START ANOTHER CASE.
MEDICAL GASES	GAS ALARMS, NO 02, MEDICAL AIR OR NITROUS	PLANT OPERATIONS RESPIRATORY SECURITY MATERIALS	HAND VENTILATE PT TRANSFER PT IF NEEDED. USE PORTABLE 02, CALL RT FOR PORTABLE CYLINDERS
MEDICAL VACUUM	NO VACUUM AND ALARM	PLANT OPERATIONS CSP	CALL CSP FOR PORT VAC, PORT VAC ON CRASH CART. OR FINISH AND DO NOT START NEW CASE
WATER	SINK AND TOILETS INOPERATIVE	PLANT OPERATIONS MATERIALS	CONSERVE WATER, USE BOTTLED WATER FOR DRINKING, BE SURE TO TURN WATER OFF IN SINKS.
SEWER STOPPAGE	DRAINS BACKING UP	PLANT OPERATIONS	DO NOT FLUSH TOILETS. DO NOT USE WATER. USE RED PLASTIC BAGS IN TOILETS.
STEAM FAILURE	NO BUILDING HEAT STERILIZERS INOPERATIVE. NO HOT WATER, COOKING LIMITED.	PLANT OPERATIONS DIETARY AND CENTRAL SUPPLY	GET ADDITIONAL BLANKETS, PREPARE COLD MEALS. NOTIFY OPERATING ROOM.
ELEVATORS	ELEVATOR ALARM BELL. ELEVATOR NOT RETURNING	PLANT OPERATIONS	IF PERSONNEL IN ELEVATOR, KEEP IN VERBAL CONTACT.
VENTILATION	NO VENTILATION. NO HEATING/ COOLING	PLANT OPERATIONS	OPEN WINDOWS. USE BLANKETS AS NEEDED.
NURSE CALL	NO PATIENT CONTACT USE PORTABLE BELLS.	PLANT OPERATIONS CENTRAL SUPPLY TRANSPORTATION	MOVE PATIENTS.
TELEPHONES	NO COMMERCIAL TELEPHONE SYSTEM	PLANT OPERATIONS TELECOMMUNICATIONS	USE OVERHEAD PAGE USE PAY TELEPHONES USE BYPASS PHONES USE WALKIE-TALKIES