

Santa Monica-UCLA Medical Center and Othopaedic Hospital



Self Study Orientation Guide & Staff Employee Handbook

Clinical Module

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CHAPTER ONE: OVERVIEW

1. MISSION

Santa Monica-UCLA Medical Center and Orthopaedic Hospital is dedicated to improving the health status of the community we serve.

2. VISION

UCLA Healthcare is a partnership that brings together the best of academic and community medicine. Using education and research, we will provide effective and efficient care to improve the health of the people we serve in our respective communities. Patients, providers and employees will choose our healthcare system based on the care and service we provide.

3. VALUES

EXCELLENCE – We are committed to exceptional care and service, leading to positive patient outcomes.

CARING – We share a genuine concern for the health and vitality of those we serve.

RESPECT – We are sensitive to the cultural differences and varied value and belief systems within our diverse community.

INTEGRITY – We carry out our mission in an honest and ethical manner.

RESPONSIBILITY – We utilize resources in a careful and cost-effective manner to ensure appropriate health services are provided in a safe environment of care.

TEAMWORK – We believe that working together leads to improved outcomes, customer service and financial performance

4. LEADERSHIP

A Board of Regents whose regular members are appointed by the Governor of California governs the University of California system. In addition to setting broad general policy and making budgetary decisions for the UC system, the Regents appoint the President of the University, the nine chancellors and the directors, provosts and deans who administer the affairs of the individual campuses.

CHAPTER TWO: MEDICAL CENTER PLANS, PROGRAMS, AND INITIATIVES

1. PLANS

Santa Monica-UCLA Medical Center and Orthopaedic Hospital leadership develops plans to guide how the institutional mission and values are carried out in specific situations. Key institutional planning issues are summarized below.

a) Information Management Plan

The UCLA Health System Information Management plan addresses both computer and non-computer activities. These activities include paper-based processes, fax and e-mail communications as well as all computer-based activities. Information management links research, teaching, and patient care activities as well as administrative and business functions. In addition, there is an IT Steering Committee whose primary function is to assess information needs, develop and plan the current and future use of technology, and evaluate and approve Information Technology projects. RNPH also has an Information Management Committee whose mission is to streamline workflow, improve communication and review and approve policies.

The goals of information management are to:

- Develop and maintain an integrated information and communication network linking research, academic and clinical activities
- Provide computer-based patient records with integrated clinical management and decision support
- Support administrative and business function with information technologies to improve quality of services, cost-effectiveness, and flexibility
- Build an information infrastructure that supports the continuous improvement initiatives of the organization
- Ensure the integrity and security of information in order to protect patient confidentiality

Protecting patient confidentiality is everyone's responsibility so all employees who access patient data must sign confidentiality statements. To assure security of computerized information, individual passwords are required for all employees who use a computer.

b) Performance Improvement Plan

The systematic methodology used to conduct Performance Improvement activities is "FOCUS-PDCA," which stands for the following:

- Find a Process to Improve
- Organize a Team that Knows the Process
- Clarify Current Knowledge of the Process
- Understand the Source of Improvement
- Select the Improvement Process

- Plan the Improvement
- Do Improvement, Collect Data, and Analyze it
- Check and Study the Results
- Act to Hold the Gain and to Continue to Improve the Process

c) Institutional Plan for the Provision of Patient Care

This plan guides the organization in providing excellent patient care. Four important factors guide patient care planning:

- **Patient focused care** - - Services are decentralized at the unit level whenever possible for greater efficiency, cost savings, and increased staff and patient satisfaction.
- **Consideration of special patient populations** - - Patient care plans consider the patient's age, language, cultural background and special needs and circumstances.
- **Single level of care** - - All patients with similar health care needs receive the same level of care regardless of the department providing the care, the discipline of the health care practitioner, or the patient's ability to pay.
- **Continuity of care** - - Patient care is coordinated as patients move from one level of care to another, i.e., from admission, through hospitalization and to ambulatory or home care.

Each department/unit has a written Plan for Providing Care and Services, which highlights its functions and services. It also identifies and provides a summary of its standards and staffing to meet the needs of its patients and/or other customers.

2. PROGRAMS AND INITIATIVES

As a way to continually improve the Medical Center's performance, the following initiatives and programs have been established to provide structure, formal process improvement, and to support quality patient care activities.

a) Leadership

Santa Monica-UCLA Medical Center and Orthopaedic Hospital leadership seeks to identify needs and resources, set goals, and guide the institution toward achieving those goals. Additionally, leadership is responsible for planning, directing, coordinating and improving the institution's performance.

b) Communication

Santa Monica-UCLA Medical Center and Orthopaedic Hospital is committed to open communication with patients, staff, and the community and follows three basic principles in accomplishing this task:

- All staff will have an opportunity to be heard.
- Santa Monica-UCLA Medical Center and Orthopaedic Hospital leadership will listen.
- Information will be shared.

There is continuous effort to improve communication throughout the organization. New tools and techniques are introduced and their effectiveness is assessed.

c) Patient Satisfaction Measurement and Improvement

Conducted continuously as a way to analyze and improve patients' experiences in the hospital and outpatient settings.

d) Staff Incentive Award Program

The STAR (Service and Teamwork Achieve Results) Program is a commitment to our customers through a multifaceted incentive program that recognizes and rewards employees for exemplary performance. The STAR program includes a variety of awards to recognize individuals and teams for providing STAR treatment to achieve or strategic initiatives: process improvement, customer service, and financial performance.

e) Patient and Family Education

Specific to patients' assessed needs, abilities, and readiness to learn.

CHAPTER THREE: KEY SANTA MONICA-UCLA MEDICAL CENTER AND ORTHOPAEDIC HOSPITAL POLICIES

All Medical Center staff must be aware of key policies that guide appropriate and quality patient care as well as provide a safe working environment for staff.

1. SEXUAL HARASSMENT

Santa Monica-UCLA Medical Center and Orthopaedic Hospital is committed to creating and maintaining a community in which all persons who participate in activities can work together in an atmosphere free of all forms of harassment, exploitation, or intimidation, including sexual. The Medical Center will not tolerate sexual harassment. This behavior is prohibited both by the law and by University policy. The Medical Center will take whatever action is necessary to prevent and correct such behavior and, if appropriate, discipline persons whose behavior violates this policy.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- A. Submission to such conduct is made either explicitly or implicitly a term or condition of instruction, employment, or participation in other work activity;
- B. Submission to or rejection of such conduct by an individual is used as a basis for evaluation in making academic or personnel decision affecting an individual; or
- C. Such conduct has the purpose or effect of unreasonably interfering with an individual's performance or creating an intimidating, hostile, or offensive work environment.

It is the responsibility of department heads, managers, and supervisors to take whatever action is necessary to prevent sexual harassment and correct it where it occurs.

Employees should contact the Human Resources Department to obtain information and counseling regarding sexual harassment or to initiate a fact-finding investigation alleging sexual harassment. During the complaint resolution process, and in accordance with existing policies and laws, every reasonable effort shall be made to protect the privacy of all parties.

No person shall be subject to reprisal for using or participating in the informal process or complaint resolution process, or for using or participating in the formal grievance process.

The primary purpose of the complaint resolution procedure is to attempt resolution of the complaint at the earliest stage possible. Information concerning sexual harassment, applicable laws, Medical Center and University policies and procedures may be obtained at the following location:

Jeri A. Simpson, Director, Human Resources and
Complaint Resolution Officer
Santa Monica-UCLA Medical Center and Orthopaedic Hospital
Human Resources Department
1821 Wilshire Bl., Suite 200
Santa Monica, California 90403
(310) 828-0346
jasimpson@mednet.ucla.edu

2. PATIENT RIGHTS

The Medical Center respects the rights of the patients and recognizes that each patient is an individual with unique health care needs. The Medical Center has adopted a Patients' Bill of Rights. Employees should be aware of these rights, which include, but are not limited to roles of the physicians, decisions about medical care, information about diagnosis, treatment and prospects for recovery, privacy and confidentiality, billing explanation, and reasonable requests for services.

A detailed description of Patients' Bill of Rights is posted throughout the Medical Center or can be obtained by contacting Patient Relations at x94670

3. ETHICS CENTER FOR MEDICAL ETHICAL DECISIONS

Medical advancements, the explosion of information availability, and economic pressures have created unprecedented ethical issues in health care and end-of-life care. How do we choose which patients will receive the newest treatments? Must economic factors, information technologies and genetic breakthroughs threaten trust in the doctor-patient-family relationship and impede optimal bedside care for patients? Where is the balance if ethical issues become obstacles to technological development and medical advancement?

To explore these increasingly complex issues, UCLA Health System has created the UCLA Health System Ethics Center. The center's mission is to provide education, service and research to enhance the practice of medicine for patients, families, professionals and the public. In service to that mission, the center hopes to advance the ethics debate and examine the vexing ethical conundrums that complicate everyday medicine. The Medical Staff has an organized Ethics Committee to address these complex issues.

The center is committed to:

- Promoting the care of patients in an environment that is humanistic and compassionate.
- Drawing on the perspectives of health professionals, patients and families.
- Addressing the challenges of rapid socioeconomic, cultural and technological changes in health care.
- Utilizing the rich and diverse UCLA academic resources to reach out to the community and combine the strengths and perspectives of various disciplines and professions.

- Carrying out innovative research to advance ethical aspects of health care and health policy.
- Hosting community lectures on medical-ethical topics of public interest.

Utilizing resources and experts in the fields of social work, pastoral care, nursing, public health and law, among others, the UCLA Health System Ethics Center focuses the efforts of the university, the David Geffen School of Medicine and UCLA Medical Center on developing innovative, humanistic solutions to new ethical issues in patient care

Patients, family members, employees and physicians receive support from the UCLA Medical Center in addressing ethical issues. For an ethical problem or question 24 hours a day, 7 days a week ANYONE may call by paging: “ETHIC” (#38442).

A Professional Staff Ethics Committee also exists at the Resnick Neuropsychiatric Hospital which identifies and clarifies ethical issues. Posters situated throughout the hospital invite anyone including staff, faculty, trainees, and patients to call, to write, or to email the Chair of the Ethics Committee in confidence to discuss an ethical issue. The Chair can be reached at 310-825-6962 or by letter to the Chair, RNPH Ethics Committee, c/o RNPH Ombuds Office, NPH B8-257, and Campus Mail 175919.

4. THE UCLA MEDICAL SCIENCES COMPLIANCE PROGRAM

UCLA Medical Sciences is committed to providing quality health care services, health professional training, and biomedical research in compliance with all applicable laws and regulations. At the same time, the University is expected to take responsibility for appropriate ethical and legal behavior in the work place. The Compliance Program pertains to all aspects of the Medical Sciences workforce, including all staff, faculty, health care professionals, students and trainees, contractors and volunteers.

The scope of The Compliance Program includes the following sub-programs: HIPAA Privacy and Security, Home Health Compliance, EMTALA Compliance, Lab Compliance, Hospital Compliance, Clinical Research Compliance and Professional Billing Compliance. The Program supports our three hospitals, all outpatient areas, including clinics, the School of Medicine and the Faculty Practice Program. (<http://compliance.uclahealth.org>)

Health care has become more complex in recent years, with an increased emphasis on financial considerations. In addition, federal and State governments, have placed growing importance on preventing and detecting instances of fraud and abuse in violation of state and federal health care laws and regulations. The primary method of preventing health care fraud and abuse has been the creation of compliance programs at the corporate level as a method of self-policing by members of the health care sector.

The Federal Department of Health & Human Services and its Office of the Inspector General (“OIG”) strongly urge all health care providers to implement effective corporate compliance programs not only to further advance the prevention of waste, fraud and

abuse in healthcare but to further the fundamental mission of all healthcare entities, which is to provide quality healthcare to patients. The OIG also recognizes that a sincere effort to comply with applicable federal and state standards through the establishment of an effective compliance program significantly reduces the risk of unlawful or improper conduct and may, in fact, mitigate the severity of administrative penalties. UCLA has taken up this mandate in part to serve as a role model for good corporate citizenship in health care in the 21st century. UCLA began its compliance program in 1997 with the creation of standard documentation rules for physician professional billing, along with a monitoring capability to insure that these rules are being adhered to throughout the healthcare enterprise. UCLA has expanded its compliance program to cover all components of the UCLA Medical Sciences enterprise.

The Code of Conduct is a critical part and foundation of our Compliance Program and intended to provide guidance to all those who work in the Medical Sciences Enterprise about some basic “rights and wrongs.” While much of this information is self-evident to UCLA employees, it nevertheless serves a key function of tying adherence to the law with our every day conduct. To represent our program and our commitment toward excellence, our logo is the TORCH. The TORCH stands for Trust, Openness, Responsibility, Confidentiality and Honesty and represents the values of the program and organization, and our actions! A Chief Compliance & Privacy Officer (“CCO”) has been appointed by the Vice Chancellor and Dean to administer the Program, ensure that it is kept up to date, facilitate education of all employees about compliance issues and investigate compliance questions.

The Goals and Objectives of the UCLA Medical Sciences Compliance Program:

- Reduce UCLA Medical Sciences’ risk of fraud, abuse and waste
- Prevent and detect misconduct and violations of the Compliance Program
- Educate UCLA Medical Sciences Employees about the Compliance Program and their responsibilities under the program
- Develop an ethical infrastructure to help guide staff and faculty behavior and activities on behalf of UCLA Medical Sciences

In a larger sense, the ultimate goal of the Program is to provide the means for making compliant, ethical behavior part of the standard operations of all parts of UCLA Medical Sciences. This is based on a belief that both “doing things right” and “doing the right thing” make good business sense

The Program has been developed in the context of UCLA Medical Sciences’ core mission, which is “to develop and maintain an environment in which the educational and scientific programs of the Schools of the UCLA Center for Health Sciences are integrated with exemplary patient care.” The specific purposes of the Program are to:

1. Maintain and enhance quality of care;
2. Demonstrate sincere, ongoing efforts to comply with all applicable laws;

3. Revise and clarify current policies and procedures in order to enhance compliance;
4. Enhance communications with governmental entities with respect to compliance activities;
5. Empower all responsible parties to prevent, detect, and resolve conduct that does not conform with applicable laws, regulations and the Program; and
6. Establish mechanisms for employees to raise concerns about compliance issues and ensure that those concerns are appropriately addressed.

As set forth in the Code, all UCLA Health System faculty and staff should adhere to all applicable standards of professional practice and ethical behavior in carrying out their duties and should not feel forced to take part in unethical, improper or illegal conduct. A Confidential Compliance Hotline is available for staff to anonymously report compliance concerns, and the hotline can be accessed by calling 1-800-296-7188.

5. PATIENT CONFIDENTIALITY

Every patient has a right to privacy and it is every employee's responsibility to protect that confidentiality. This means keeping information about patients and their health care private. Both federal law (the Health Insurance Portability and Accountability Act or "HIPAA") and California state law require the protection of all Patient Identifiable Health Information, including all identifiers, images and other information which could be used to determine of the identity of a patient. The privacy laws apply to all forms of patient health information including, paper, electronic and verbal information. Unauthorized use of UCLA's information systems, which includes inappropriate view, review, access and/or disclosure of medical and personal information can result in disciplinary action (up to and including termination), notification to the government, fines and reporting to licensing boards, and may constitute grounds for either civil or criminal actions. Do not share your password and LOG OFF when you leave the workstation.

Staff is required to only use or access that amount of patient information that is minimally necessary to complete a task, responsibility or function. Staff are required to only use and access information on patients for whom they are providing care, or which they need the information to complete a task that is part of their responsibilities.

Confidential information includes a wide variety of information about a patient's health care. Examples of confidential information include:

- Patient identifiers such as medical record number, name, date of birth, Social Security Number, address, phone number, contact information, photographic images and any other unique code or characteristic that could be used to identify an individual patient
- Details about illnesses or conditions (particularly AIDS, psychiatric conditions, genetic testing or alcohol/drug abuse)
- Information about treatments
- Health-care provider's notes about a patient

- Patient billing information
- Conversations between a patient and a health-care provider

General patient information in the facility directory such as patient name and condition may be released as provided by California state law and federal privacy regulations without the patient's specific authorization unless the patient requests that they not be listed in the facility directory or census. **Your department may have special rules regarding when to release this information. Please consult with your supervisor or manager before releasing information.**

Patients have certain rights granted under federal and state law to control their protected health information, including the right to access and receive a copy of their health information, request addendums to or changes to their health information, request restrictions on how and to whom their information is used or disclosed, request alternate methods for communicating with them, and to obtain a list of individuals or organizations to whom UCLA Health System has provided access to their information. These rights apply to both the patient's medical and billing records.

At the time of admission or at the first outpatient direct service encounter, each patient receives a "UCLA Health System Notice of Privacy Practices" which explains how the UCLA Health System uses patient information, and the rights the patients have over their own health information.

Privacy and Information Security Policies and Resources

UCLA Health System policies and procedures, and University of California policies, relating to the protection of patient privacy can be found on the Office of Compliance and Privacy website, accessible from the UCLA Health System Mednet home page at: <http://www.mednet.ucla.edu/>. The website outlines how patients may exercise their privacy rights over their health information, and provides training materials and resources for staff on the legal requirements for protecting and securing patient information.

Guidelines for Protecting Patient Confidentiality

The federal "HIPAA" regulations require all staff to use physical, technical and other safeguards to keep protected health information secure and private.

- Protect all records. Keep records secured, and ensure that only authorized staff is accessing records for valid treatment, payment and healthcare operations purposes.
- Keep all patient information covered. Do not leave patient information displayed on computer screens. Only authorized personnel may review medical records whether in paper or electronic formats.
- Don't talk about patients in public. Be careful not to discuss confidential information where others, including patients, visitors, or other employees, might overhear.

- Use care with telephones, fax machines, and e-mails. Make sure that all department printers, fax machines and other devices used for transmitting or storing patient information are secure.
- Protect your computer passwords and never share them with anyone else.
- Dispose of trash with confidential patient information on it in secured disposal containers or shred the information.
- Do not look up information not required for your job.
- Use only encrypted flash drives or USB keys to protect the integrity of the clinical information.
- Report suspected information security and privacy violations to your supervisor, through the event reporting system, the Hotline, or to the Office of Compliance and Privacy.

6. CODE OF ETHICS

To carry out its mission, the Medical Center supports the following values:

- **Respect** - We treat all patients, visitors, faculty and staff with respect and courtesy.
- **Honesty** – We are truthful in how we represent our capabilities and ourselves.
- **Integrity** – We make decisions and take action based only on the best interest of the patient and of the organization.
- **Compassion** – We are committed to providing compassionate care.
- **Fairness** – We provide a consistent standard of care that is coordinated across the continuum of care.
- **Innovation** - We support innovation by our participation in the advancement of medical knowledge through research and education to improve patient care.
- **Stewardship** – We seek to use all our resources effectively and efficiently.

The Regents of the University of California has developed a Compliance Manual Code of Conduct to provide guidance to University personnel in carrying out their daily activities. As set forth in the Code, all Medical Center faculty and staff should adhere to all applicable standards of professional practice and ethical behavior in carrying out their duties and should avoid involvement in unethical, improper or illegal conduct.

The code of ethics as adopted by the American Medical Association and by the American College of Surgeons governs the professional conduct of members of the Medical Staff. The Medical Ethics Committee goal is to clearly identify ethical issues and resolve them. The committee routinely reviews and discusses ethical issues.

Patients, family members, employees and physicians receive support from the Medical Center in addressing ethical issues. For any ethical problem or question please call the Medical Education Office at extension 94189 or the Nursing Office at 94745.

7. ADVANCE DIRECTIVES

The patient's right to participate in health care decisions and to execute Advance Directives regarding these decisions was recognized in the "Patient Self Determination Act. It requires hospitals to assure that patients are aware that they may make these decisions, and to assure that these decisions are followed.

Advance Directives may be used in its entirety or modified to meet the patients' wishes. It contains 5 sections. These are:

- 1) Power of Attorney--determination of an individual's agent to speak for the individual if he cannot speak for himself. The agent can be instructed to consent or refuse any care, treatment, service or procedure to maintain, diagnose or otherwise affect a physical or mental condition. This includes a direct provision for withdrawing or withholding of artificial nutrition, hydration and other forms of care, including cardiopulmonary resuscitation.
- 2) Instructions for Healthcare--whether or not a Power of Attorney is assigned, the individual patient may make instructions for the provision of, withdrawing, or withholding of any treatment. The individual makes other wishes regarding healthcare provisions in this section as well.
- 3) Donation of Organs—the individual may provide for donation of any organ or tissue in this section.
- 4) Designation of a Primary Physician—the individual can make instructions for the designation of a primary physician who would be responsible for the coordination of all care.
- 5) Signature—following the established guidelines, the signature of the individual patient is witnessed or notarized.

To ensure that every eligible individual entering the hospital as a patient is aware of these rights, the Patient Access Services Department representatives follow the policy on screening for Advanced Directives by providing them with a Patients' Rights document. The patient is questioned as to having a Directive. If the patient does not have a Directive, the patient is provided the pamphlet and an acknowledgement form. The patient also signs the portion of the conditions of admission form relating to Advanced Directives.

Should the patient have an Advanced Directive, the Patient Access Services representative will obtain and file a copy in Patient Access Services, and provide a copy for the nursing unit. If the Advanced Directive is not readily available, the family or significant other will be instructed to obtain a copy as quickly as possible.

Nursing is responsible for providing follow-up to the admissions screening and should be aware of the contents of the Directive. The copy of the Advanced Directive must be on the chart to be legally binding.

8. PAIN MANAGEMENT

The obligation to alleviate suffering is an essential component of the clinicians' broader ethical duties to benefit and not harm. **ALL** health care professionals should maintain clinical expertise and knowledge in the management of pain.

a. Making Pain Visible

The Agency for Health Care Policy & Research (AHCPR) developed practice guidelines to address pain and pain management. These guidelines were designed to help clinicians, patients and families understand the assessment and treatment of pain in both adults and children. These guidelines emphasize the following:

- An interdisciplinary approach to pain control, including all members of the health care team with participation of the patient and family.

- A pain treatment plan that is individualized and involves the patient in all aspects of their care.
- Pain is assessed in all patients and there is ongoing reassessment of the patient's pain needs.
- Both Pharmacological and non-pharmacological therapies are used to prevent and/or control pain.
- A formal, institutional approach to management of pain with clear lines of responsibility.

The Medical Center has developed a Pain Management Policy and Pain Management Standards of Care based on the AHCPR Guidelines, American Pain Society and JCAHO Standards of Care.

Remember that patients have a right to appropriate assessment and management of pain. Our institution respects and supports this right. Ask your patient about pain regularly.

9. STAFF RIGHTS

The Medical Center seeks to provide high quality patient care in an environment that protects employees' ethical, religious and cultural beliefs. Medical Center leadership recognizes situations may arise where an employee's ethical, religious or cultural belief interferes with the rendering of patient care. The Staff Rights Mechanism policy at Santa Monica UCLA Medical Center describes the conditions and procedure where an employee may formally submit a request to his supervisor not to participate when ethical, religious or cultural beliefs interfere with the care of a patient.

10. ABUSE RECOGNITION AND REPORTING

Every employee has an obligation to look for, recognize, and report suspected or actual abuse of patients. State law requires that all health care workers report instances of suspected child abuse, elder or dependant adult abuse and domestic violence. This includes negligent care. If you suspect or have knowledge of abuse of a patient, there are three options to guide you through your reporting obligations. 1) You may call the Social Services Department for a consultation, 2) you may complete an abuse-reporting packet (found on each Unit), or 3) you may call one of the hotlines listed on the instruction sheet of the reporting packet.

"Reasonable suspicion" is the standard for reporting suspected abuse. The agency to which you report is responsible for investigating.

Physical Findings:

- Recurrent history of trauma
- Injury to head, neck, torso, breasts, abdomen or genitals
- Bilateral or multiple injuries
- Injuries that are inconsistent with the explanation given
- Delay in seeking treatment after the occurrence of the injury or abdomen
- Chronic pain for which no etiology is present
- Evidence of inadequate or inappropriate administration of medication
- Dehydration/malnutrition without illness-related cause

Behavioral Indicators from the Patient:

- Fear
- Withdrawal
- Depression
- Helplessness
- Denial
- Agitation, anxiety
- Hesitation to talk openly or in the presence of family or caregivers
- Ambivalence/contradictory statements not due to mental dysfunction

Indicators from the Family/ Caregiver:

- Absence of assistance, indifference or anger toward the dependent person
- Family member or caregiver “blames” the patient, e.g., accusation that the incontinence is deliberate
- Aggression, i.e., threats, insults, harassment, overly controlling of patient
- Prior history of abuse of others
- Restriction of the patient’s social contacts by family or caregiver
- Lack of cooperation with providers in planning for care

Indicators of Possible Financial Abuse:

- Refusal to spend money on appropriate care of patient when the resources are available
- Power of attorney, checks or other documents signed when the patient is not mentally competent to sign such documents
- Documents signed when the person cannot physically write
- Lack of personal grooming items, appropriate clothing, when the person’s resources appear adequate to cover such needs

Document your patient’s and his caregiver’s explanations of injuries and note any discrepancies between their stories. Identify each speaker and use his exact words within quotation marks. Make sure the physician and discharge planner are aware of the concerns. This is important in preventing the patient’s discharge into an unsafe environment.

Although the patient should be told if an abuse report is made, never confront or antagonize the suspected abuser. If they confront you, leave and call Security. A history of violence is the biggest predictor of violence.

11. RESEARCH INVOLVING MEDICAL CENTER PATIENTS

The Medical Center participates in numerous research projects in support of the research mission of the School of Medicine. The patient has the right to be informed on each research procedure or protocol and can decide to stop the research at any time. Informed consent is specific to each research procedure and must be explained to each patient both verbally and through a written document by the physician who is conducting the research. The patient must sign a written informed consent prior to being treated on a research study. A copy of the informed consent form is filed in the patient’s medical record.

In addition, researchers **must** have training and certification in research; otherwise the Institutional Review Board (IRB) that meets under the auspices of the OPRS will not

review a research application. Employees can become certified by completing an on-line course at www.training.ucla.edu. Participants will then be able to print out a certificate of completion. The National Institute of Health (NIH) requires this. Information regarding what is needed to do a study is provided via UCLA's Home Page, www.ucla.edu. Go to "search" and type in "clinical trials."

All research should be started through the Office of Clinical Trials – (310) 825-7170.

12. FORENSIC STAFF ORIENTATION AND EDUCATION

Santa Monica-UCLA Medical Center and Orthopaedic Hospital provides orientation and education to forensic staff about their responsibilities related to patient care. Forensic staff is correctional officers or guards assigned to monitor incarcerated patients, and private security guards or bodyguards who accompany patients.

When a patient accompanied by forensic staff is admitted to the Medical Center, the Patient Access Services Department (Admitting) notifies the Security Department and the Nursing Unit of the admission.

The Unit Director or Charge Nurse will orient the forensic staff to his responsibilities associated with supporting the safe, effective provision of patient care such as: techniques for interacting appropriately with patients, imposition of disciplinary restrictions (for prisoner/patients), patient confidentiality, and infection control.

The Security Officer will orient the forensic staff to his responsibilities associated with recognizing and responding to emergencies and disaster codes.

For safety purposes, employees will not acknowledge a prisoner/patient's presence in the hospital. Room numbers will not be given out under any circumstances. Employees and physicians will never enter a prisoner/patient's room unattended by forensic personnel. Employees will never fraternize with prisoner/patients.

All authorized communication with forensic staff responsible for the patient will be made by calling the hospital switchboard and asking for the appropriate patient care unit. Any caller using the patient's name will be refused information and will not be connected to the patient's room.

13. DRUG FREE WORKPLACE

Santa Monica-UCLA Medical Center and Orthopaedic Hospital recognizes dependency on alcohol and other drugs as a treatable condition and offers programs and services for employees with substance dependency problems

Santa Monica-UCLA Medical Center and Orthopaedic Hospital strives to maintain a worksite free from the illegal use, possession, or distribution of alcohol or of controlled substances. Unlawful manufacture, distribution, dispensing, possession, use, or sale of alcohol or of controlled substances by employees in the workplace, on Medical Center premises, at official Medical Center functions, or on Medical Center business is prohibited. In addition, employees shall not use illegal substances or abuse legal substances in a manner that impairs work performance.

Employees found to be in violation of this Policy may be subject to corrective action, up to and including dismissal, under applicable University policies and labor contracts, or may be required, at the discretion of the Medical Center, to participate satisfactorily in an Employee Support Program.

Pursuant to law, employees working on Federal contracts and grants shall notify the Medical Center within five calendar days if they are convicted of any criminal drug statute violation occurring in the workplace or while on Medical Center business.

CHAPTER FOUR: AGE SPECIFIC GUIDELINES FOR PATIENT CARE

In order to assure that each patient's care meets his unique needs, staff that interact with patients as part of his job must develop skills or competencies for delivering age appropriate communications, care and interventions. People grow and develop in stages that are related to their age and share certain qualities at each stage. By adhering to these guidelines, staff can build a sense of trust and rapport with patients and meet their psychological needs as well. Age-specific guidelines are as follows:

1. NEONATES UP TO 1 MONTH

- Provide security and ensure a safe environment.
- Involve the parent(s) in care.
- Limit the number of strangers around the neonate.
- Use equipment and supplies specific to the age and size of the neonate.

2. INFANTS OVER 1 MONTH TO 1 YEAR

- Use a firm direct approach and give one direction at a time.
- Use a distraction, e.g., pacifier, bottle.
- Keep the parent(s) in the infant's line of vision.
- Use equipment and supplies specific to the age and size of the infant.

3. PEDIATRICS OVER 1 YEAR TO 12 YEARS

- Give praise, rewards and clear rules. Encourage the child to ask questions. Use toys and games to teach the child and reduce fear.
- Always explain what you will do before you start. Involve the child in care.
- Provide for the safety of the child. Do not leave the child unattended.
- Use equipment and supplies specific to the age and size of the child.

4. ADOLESCENTS OVER 12 YEARS TO 18 YEARS

- Treat the adolescent more as an adult than a child. Avoid authoritarian approaches and show respect.
- Explain procedures to adolescents and parents using correct terminology.
- Provide for privacy.

5. ADULTS OVER 18 YEARS TO 65 YEARS

- Be supportive and honest and respect personal values.
- Support the person in making health care decisions.
- Recognize the commitments to family, career, and community.

- Address age-related changes.

6. GERIATRIC OVER 65 YEARS AND UP

- Avoid making assumptions about loss of abilities, but anticipate the following:
 - Short term memory loss
 - Decline in the speed of learning and retention
 - Loss of ability to discriminate sounds
 - Decreased visual acuity
 - Slowed cognitive function (understanding)
 - Decreased heat regulation of the body
- Provide support for coping with any impairments
- Prevent isolation; promote physical, mental and social activity. Provide information to promote safety.

CHAPTER FIVE: ENVIRONMENT OF CARE and LIFE SAFETY

The purpose of the UCLA Health System's Environment of Care Program is to provide for the health and safety of patients, staff and visitors and to ensure that operations do not have an adverse impact on the environment.

The six elements of the Environment of Care are:

1. Safety
2. Security
3. Hazardous Materials and Waste
4. Fire Safety
5. Medical Equipment
6. Utility Systems

1. SAFETY and BODY MECHANICS

Be aware of the risks involved in your job and set an example of safety awareness and safe practices for coworkers.

General Safety Rules

- Approach all aspects of your job with safety in mind.
- Use good body mechanics at all times.
- Keep hallways and corridors clear.
- Be familiar with safety hazards and evacuation routes in your work area
- Report to your supervisor any unsafe conditions, situations or practices.

Injury and Illness Prevention Program

The Injury and Illness Prevention Program is designed to maintain a safe environment for visitors, patients, and employees. Employees are expected to be knowledgeable about the components of this program.

1. **Employee Reporting of Unsafe Conditions** – Employees are responsible for immediately reporting any unsafe condition or potential hazard to their supervisor. Supervisors are expected to evaluate the concern and implement corrective actions or direct the problem to the Safety Dept.
2. **Event Reporting and Investigation** – Patient and visitor related incidents should be reported using the on-line event reporting system or the “Confidential Report of Incident/Occurrence” form. The Risk Management Department conducts the investigation, evaluation and ensures corrective measures are implemented.
3. **Work-Related Injuries and Illnesses** – All employees who are injured or become ill on the job should report the incident to their supervisor as soon as possible, document the incident on the “Employee’s Referral Slip for Industrial Injury and Report of Accident” form and go to the SM Occupational Health Facility (during normal work hours) or the Emergency Department (off hours).

For needle sticks:

1. flush with water
 2. Report the incident to your supervisor. Your supervisor will sign and Industrial Injury Referral form and Needle stick form
 3. Go to the Emergency Department within 2 hours of exposure
-
4. **Environmental Rounds and Surveillance** – Environmental rounds are conducted twice yearly in patient care areas and annually in non-patient areas. The Infection Control Nurse maintains a surveillance program for hospital-acquired infections.
 5. **Illness Prevention** – The Infection Control Nurse conducts illness prevention activities such as tuberculosis exposure control and follow-up of needle stick injuries.
 6. **Police Reporting** – Certain incidents involving injury or death, abuse, neglect or assault, must be immediately reported to the University of California Police Department (UCPD). Contact Security to report.
 7. **Hazardous/Defective Products Management** – The Manager of Central Services is responsible for coordinating the reporting, documentation and distribution of information regarding hazardous or defective products within the Medical Center, except Drug Recalls. Drug recalls are managed by the Pharmacy Department.

8. **Workers' Compensation Program** – When an injury or illness results from work or working conditions, the Workers' Compensation Program provides assistance for the worker's prompt recovery and return to work.
9. **Workplace Safety Training** – Information regarding workplace safety is presented at orientation and through annual training. Various manuals and publications are available to employees. Safety training classes are also available upon request for back, safety, ergonomics, chemical safety and a variety of other topics.
10. **Environment of Care Committee** – Santa Monica Medical Center has an active multi-disciplinary Environment of Care (Safety) Committee that evaluates and mitigates hazards, develops safety performance improvement initiatives, and identifies and implements risk minimization programs.
11. **Disaster Committee** – The Disaster Committee reviews emergency preparedness plans and coordinates drills to ensure that staff are prepared to respond effectively.
12. **Department Committees** – Many departments, especially those with exceptional hazards may disseminate safety information directly to staff during department meetings.

2. SECURITY

Become familiar with your work environment, surroundings and resources to ensure your security and the security of others.

General Considerations

- All employees, staff and physicians are required to wear a hospital-issued photo identification badge at all times while in the Santa Monica-UCLA Medical Center and Orthopaedic Hospital.
- Call the Security Department to report all crimes in progress or security incidents requiring police involvement. Security will immediately contact the UCPD Dispatch Center to report.
- Dial “74#” to report any type of emergency.
- Suspicious activity is to be reported to Security at **x94883** or dial “0” for the Operator for assistance in contacting Security by radio.
- There is safety in numbers; walk with groups of people.
- Intimidation, harassment, assaults and battery in the workplace is a violation of Medical Center policy and State law and must be reported to your supervisor immediately.
- Incidents to be reported include Alleged Assault and/or Battery against Health Care Workers (report form by same name), crimes in progress or incidents of crime after the fact.

- During established hours, building access is monitored to verify authorization to enter.
- Police and Security respond to alarms initiated by unauthorized persons to sensitive areas, duress alarms located at various areas, and staff assistance requests throughout the facility.

3. HAZARDOUS MATERIALS AND WASTE

Hospitals have a variety of hazardous materials that can pose a risk to staff, patients and others if not handled properly. These include chemicals, infectious agents, radioactive materials, some pharmaceuticals, and compressed gases. Accordingly, it is important to become familiar with the hazardous materials you may encounter and know how to use them safely.

General Considerations

- Ensure all chemical containers are labeled with the chemical or product name and a warning statement, message or symbol.
- Know the location of MSDS (material safety data sheets). Read and understand the MSDS and container labels so that you know how to use the chemical safely.
- Store chemicals safely; sealed, in a secure area, away from ignition sources.
- Use chemicals only in well ventilated areas.
- Look for leaking or defective containers when working around hazardous materials.
- Always wear the personal protective equipment (e.g. goggles, respirators, gloves, gowns) issued by your department, whenever working with hazardous materials.

Spills

- Remove yourself and others from the area of the spill. Secure the area.
- Attend to injured/contaminated persons and remove them from exposure if it is safe to do so. Ensure they stay in place to be decontaminated by the Santa Monica Fire Dept. or campus Hazardous Materials Spill Response Team prior to transport.
- Call 74#. State the following: "This is (name) reporting a (type of spill) at (building and room number)."
- Report all hazardous materials spills to your supervisor immediately.
- Have persons knowledgeable of the incident assist responding personnel.
- Be available to the Hazardous Materials Response Team to answer questions and direct them to the scene of the spill.
- Only attempt to clean up the spill if you (1) have been trained, (2) have spill clean-up supplies, (3) have personal protective equipment and, (4) feel comfortable.

Storage and Disposal of Chemicals

- Follow expiration date guidelines.
- Flammable chemicals should be stored away from sources of heat and ignition.
- Segregate incompatible chemicals (read MSDS sheet for compatibility info).
- Transfer chemicals only to other properly labeled containers.
- Dispose of chemicals properly following Health System and your department policy.
- Use only Health System or department-issues hazardous waste labels.

Infectious Materials, Medical Waste

- Always wear appropriate personal protective equipment when handling infectious materials and medical waste.
- Needles, blades and other sharps are disposed of in labeled sharps containers only.
- Medical waste goes into red, labeled bags which are placed in red, labeled containers with a lid.

****A master list of all MSDS's is located in the SM-UCLA Emergency Department*****

For more information on hazardous materials, contact the Safety Department at x54012 or x53389.

4. FIRE PREVENTION

Santa Monica-UCLA Medical Center and Orthopaedic Hospital has fire response procedures that all staff must know and be prepared to implement in order to protect patients, staff, themselves and property from real or suspected fires. Become familiar with our hospital Fire Response Procedures (Code Red).

General Fire Preparedness

- All fire doors are to be unlocked and self-closing with a latching device.
- Hallways and stairs are to remain unobstructed and free from storage at all times to allow for safe evacuation during an emergency.
- Evacuation routes from your work areas are clearly marked and posted in the public corridors.
- Know where fire extinguishers are located in your area/department.
- In the hospital, unless the fire or smoke is directly threatening patients, it is preferable to "defend in place" by closing doors.
- During construction in which exits are blocked, evacuation routes are altered or fire life safety systems are compromised, special precautions are put into action known as Interim Life Safety Measures (ILSM).
- You will be involved in periodic fire drills and evaluated for response.

Reporting a Fire (Code Red)

- Go to the nearest fire alarm box and pull handle down to activate.
- Go to the nearest telephone and dial “**74#**”. State the following:
 - 1) Your name and you are reporting a fire
 - 2) Location, including area and room number
 - 3) Describe the type of fire (i.e. smell smoke, see smoke, see flames, etc.).
- If it is safe to do so, go back to the fire alarm box to direct responding personnel.
- **74#** calls are received by the Operators and then forwarded to the SM Fire Department.

Emergency Actions – R.A.C.E. “What To Do In Case Of Fire”

1. Remove

- Self and other people i.e. patients out of immediate danger.
- Only if it is safe to do so.

2. Alarm

- Pull the fire pull box located:
 - at the junction of main corridor
 - at stairwell door
 - behind nurses station

The pull station activates an audible and visible alarm in the area and Hospital Communications is notified, who then:

- activate an overhead page announcement
- calls the SM Fire Department.
- activates the Fire Response Group

- Call **74#** to report the fire.

3. Contain

- Close the doors to the immediate fire area to contain fire and smoke. Do not lock them.
- Close open able windows.

4. Extinguish or Evacuate

- Extinguish the fire with the proper fire extinguisher, if safe to do so.
- Use the appropriate type of fire extinguisher.
- Or, evacuate as necessary.

Evacuation Types

- Non-evacuation: defend-in-place. Continue to listen to overhead page announcements.
- Horizontal: past double doors
- Vertical: use the stairs to go to another floor. Do not use elevators.

- Building-wide Evacuation: Only Chief Administrative Officer, Administer On-Call (AOC), Director, or Associate Director can initiate.

Fire Types

The type of fire refers to its source:

Class A: Ordinary combustibles such as paper, wood, cloth, and rubbish.

Class B: Flammable solvents and liquids such as ether, alcohol, oil, gasoline and grease.

Class C: Electrical equipment and other sources of electricity.

Fire Extinguisher Types

Look for the symbol(s) on the fire extinguisher to choose the correct type of extinguisher for the fire:

Type A: Pressurized water. Use only on Class A fires. Do not use on Class B or C fires. NOTE:

Type B-C: Use on flammable liquids or electrical equipment, Class B or C.

Type A-B-C: Use on Class A, B or C fires. Most extinguishers provided throughout the facility are type ABC.

Type K: Use on grease fires (primary located in kitchen areas)

How to Use a Fire Extinguisher (PASS)

While holding the fire extinguisher upright:

- Pull pin
- Aim at the base of the fire
- Squeeze lever
- Sweep side to side

Important Points to Remember:

- Code Red means that there is a fire reported in the building.
- Know where the exits are and where to take patients in an emergency.
- Never use the elevators during a fire or a fire drill. Use stairs.
- Emergency stairwell exits are clearly marked by exit signs in each corridor.
- Do not exit to the roof.
- Know the location of fire safety equipment in your work area. Know where the alarms and extinguishers are located. Fire hoses in the Tower building are available for the fire department.
- If you are not at the fire's point of origin, continue to listen to overhead pages to obtain updates.
- The hospital has a Fire Response Team that consists of staff from Environmental Services, Facilities Management, Respiratory Therapy, Nursing, Safety and Security who is prepared to assist with fire suppression and evacuations. In addition, in

patient care areas, personnel from the floor above and below as well as adjacent areas assist in responding to the fire.

Smoking Regulations

- Santa Monica-UCLA Medical Center and Orthopaedic Hospital is a non-smoking facility. Patients may be allowed to smoke outside, only with a physician's order.
- Smoking is not permitted within twenty feet of any entrances to the facility or at any construction site.
- Employees are specifically prohibited from smoking at the 15th and Arizona Street entrances during meal and work breaks.
- The two designated smoking areas are located at 15th Street outside, the ER parking lot and at the corner of 16th Street and Arizona.
- Staff is expected to comply with and enforce this policy.

Medical equipment is a significant contributor to the quality of care. It is used in treatment, diagnostic activities and monitoring of the patient. It is essential that the equipment is appropriate for the intended use; that staff, including licensed independent practitioners, is trained to use the equipment safely and effectively; and that the equipment is maintained appropriately by qualified individuals.

5. MEDICAL EQUIPMENT

General Considerations

- Electrical medical equipment must be properly grounded and have a hospital grade, 3-prong plug as well as being UL approved or equivalent for its intended use.
- Power cords and plugs should be checked for fraying or broken wires before using.
- Failure of medical equipment resulting in an injury requires an Event Report.
- Clinical Engineering Department is responsible for the maintenance of all medical equipment.
- All medical equipment must have a current "inspection label" and "control number" by the Department of Clinical Engineering. The inspection labels indicate the last completed inspection's date as well as the next inspection's due date.
- All medical equipment is scheduled for periodic inspections for safety, performance verification and preventative maintenance by Clinical Engineering. The frequency of periodic inspections is based on the risk priority of the device, manufacturer's requirements and organization's experience (inclusive of failed inspections, repair history, and incident history). In general, inspections take place at 3, 6 or 12-month intervals. The inspection labels indicate the last completed inspection's date as well as the next inspection's due date.
 - Defibrillators (output test only): 3 month interval
 - Life Saving/Support: 6 month interval
 - Monitoring, Diagnostic and Therapeutic: Annual interval
 - No Patient Contact Equipment: Annual interval

- All life support equipment's scheduled periodic inspections must be completed within the due months.
- All incoming medical equipment (including loaner, demo and rental) must be inspected by Clinical Engineering prior to use on patients. All departments are responsible to notify Clinical Engineering of their incoming medical equipment, so that the required acceptance inspections can be completed promptly and prior to use on patients.
- Clinical Engineering must be notified of any medical equipment that is removed from active usage (including sales, trade-ins, and surplus).
- Every employee should read Department specific manuals pertaining to unit specific equipment to find out further information about proper operation of medical equipment. Equipment operators' manuals are maintained in departments.
- All general-use infusion and PCA pumps are tested to assure protection against free-flow. Compliance with this requirement is monitored through performance testing during acceptance inspections, scheduled periodic inspections and at the completion of repairs.
- There is regular testing of medical equipment's alarm systems through periodic performance and preventive maintenance inspections.
- SMH-OH assures that clinical alarms are activated with appropriate settings and are sufficiently audible within the patient care areas.

The Clinical Engineering Department provides on-site technical coverage during 7:00am – 4:00pm, Monday through Friday (except holidays) and on-call coverage for emergencies and urgent service requests after regular hours.

To request service or to report a problem with medical equipment, call Clinical Engineering Department at x94685.

For emergencies and urgent service requests after regular hours, the user department's supervisor/manager should contact Communications at x94500 and ask the page operator to contact the on-call Clinical Engineering technician.

6. UTILITY SYSTEMS

Our facility is dependent upon the good working order of its utilities to provide a safe, functional and effective environment for patients, staff and other individuals. It is crucial that all utilities are in proper working condition and that staff is aware of utilities capabilities, limitations and applications to ensure their safe and effective use.

SM-UCLA Utility Systems

- Heating, Ventilation and air conditioning systems
- Electrical systems

- Emergency power generation systems
- Elevators
- Sewer Systems
- Plumbing and water systems
- Boiler and steam systems
- Medical gas
- Medical vacuum systems
- Communications systems (Nurse call systems, hospital paging system, intercom systems)

Utilities Failure

All utility failures with the exception of telephones, pagers and computers are to be reported to the Health System Facilities Department via the Support Services website at <http://www.ssc.mednet.ucla.edu>

- Red electrical outlets and switches indicate that equipment and lighting is supplied by emergency power.
- Emergency medical gas shutoff valves, water shutoff valves and electrical breakers are located throughout the facility. Medical gas valves are labeled with the areas served.
- Emergency shutoff valves and breakers should not be shut off unless an appropriate assessment has been made regarding the impact to patients. This consultation should include the area manager, appropriate ancillary services and Health System Facilities personnel.
- Utility systems can only be shut off by authorized personnel in Health System Facilities or Campus Facilities Management in consultation with Medical Center Administration. The only exception is medical gases, in which case, Charge Nurses, Respiratory Therapists or Facilities Management in consult with clinical staff can shut off the valves in an emergency.
- Health System Facilities and Power Plant Operations conduct preventive maintenance of all utilities.
- Report telephone and pager problems to the Operator, dial "0".
- Report computer problems to MITS help desk x94792.

For more information, access the Support Services website at <http://www.ssc.mednet.ucla.edu>

CHAPTER SIX: EMERGENCY MANAGEMENT

The Emergency Management program provides for the appropriate response to emergency and disaster situations to enable the Medical Center to continue serving the community.

When disasters or emergencies occur, people automatically appeal to hospitals for assistance. The task of providing immediate medical care to victims becomes the responsibility of all physicians and employees of hospitals within the stricken area.

1. HICS

Santa Monica-UCLA Medical Center and Orthopaedic Hospital utilizes the Hospital Incident Command System (HICS) for the management of emergencies or disasters within the organization (internal) and for responding to events within the surrounding communities (external). HICS provides a chain of command and prioritization of duties to ensure an effective and efficient response, integrated with community response activities and agencies, for a variety of emergencies and disasters. The Incident Commander is responsible for implementing HICS. The Incident Commander is the individual who initiates a disaster declaration (Code Triage) and could include the CEO, COO, CAO, Administrator-on-Call, Nursing Supervisor-on-Duty, Emergency Department Faculty Physician-on-Duty or Safety Officer.

2. DEPARTMENT PLANS

Every department has an Emergency and Disaster Response Plan. These plans outline staff's role and responsibilities during emergencies. Staff should become familiar with this document that is maintained in their department. Employees should follow the procedures outlined in their department disaster plans. During a designated disaster, supplies should be obtained in the same manner as during normal operations. Non-medical services should be requested from the command center.

CommandAware Emergency Management Software

Upon activation of Code Triage, departments will login to the online CommandAware system to provide status updates to the Hospital Command Center (HCC) and receive ongoing communication about the disaster situation. In the event that the system is down, status updates will be provided via the Unit Disaster Assessment Report (UDAR) paper form.

3. EMERGENCY AND DISASTER RESPONSE PROCEDURES

a) Disaster Activation and Responsibilities

Disaster and Emergency Response procedures for a variety of situations are found in the red Disaster and Emergency Response Manual. These procedures are implemented as a part of the hospital's Emergency Operations Plan.

Overhead Emergency Pages

Emergency overhead pages are used at the Medical Center to alert staff to potential emergency situations and to summon staff that are responsible for responding to specific emergency situations. After hearing such a page, you should check your email

or with your supervisor for more specific information and response procedures. In addition, pagers, runners, email, and the campus emergency radio station (AM 1630) may be used to disseminate emergency information to staff. You may hear the following emergency pages while you are working:

- **Code Blue:** Medical Emergency
- **Code Gray:** Abusive or Combative Patient or Visitor
- **Code Pink:** Infant Abduction
- **Code Purple:** Child Abduction
- **Code Triage:** Internal/External; Disaster
- **Code Orange:** Major Hazardous Materials Spill or Incident
- **Code Red:** Fire
- **Code Silver:** Person with Weapon/Hostage Situation
- **Code Green:** Evacuation of a Patient Care Area

For recorded information regarding disasters involving the UCLA Health System, staff should call the UCLA Health System Disaster Hotline at (310) 206-3232 or the UCLA Campus Disaster Hotline at 1-800-900-UCLA (x51234).

CHAPTER SEVEN: INFECTION CONTROL

Infection Control education is required upon hire and annually thereafter as mandated by the Cal OSHA Bloodborne Pathogens rule. This requirement can be met by:

- reading the self study guide and completing the post test
- attending the Infection Control portion of New Employee Orientation

Corrected post tests and/or certificates will be placed in personnel files as proof of completion.

The Infection Control policies can be found at the following link: <http://www.mednet.ucla.edu/Policies/policies.asp>. For questions regarding OSHA annual requirements, talk to your supervisor or contact Infection Control using on-call pager 94040.

Infections occur in many settings. If an infection occurs during a patient's care, it is called a healthcare-associated infection. If the infection was incubating before the patient's entry in the healthcare system, it is called community-associated. Infection control programs are designed to protect patients from healthcare-associated infections. According to estimates from the Centers for Disease Control and Prevention (CDC), each year nearly two million patients in the United States get an infection in hospitals, and about 90,000 of these patients die as a result of their infection. Infections also are a complication of care in other settings including long-term care facilities, outpatient clinics and dialysis centers. Infection Control is EVERY healthcare worker's responsibility.

What can I do to protect our patients--and myself--from healthcare-associated infections?

HAND HYGIENE

Direct contact with dirty hands is the primary way infections are transmitted. Studies show that proper hand hygiene reduces the spread of bacteria and viruses in various healthcare settings; this is why hand hygiene is so important. Guidelines developed by the CDC and Infection Control organizations recommend that healthcare workers use an alcohol-based hand rub (a gel, rinse or foam) to routinely clean their hands between patient contacts, as long as hands are not visibly soiled.

Use an alcohol-based hand rub to routinely clean your hands:

- Before direct contact with patients
- After direct contact with a patient's skin
- After contact with body fluids, wounds or broken skin
- After touching equipment or furniture near the patient
- After removing gloves

Wash your hands with plain soap and water or with antimicrobial soap and water if:

- Your hands are visibly soiled
- Hands are visibly contaminated with blood or body fluids
- Before eating
- After using the restroom

KEY ELEMENTS:

How to use alcohol-based hand rub (apply friction until dry):

For touch dispenser method:

1. Apply one squirt of hand rub into cupped hand.
2. Dip fingers of other hand into hand rub.
3. Spread handrub around both hands and under finger nails with friction until hands are completely dry (about 30 seconds).

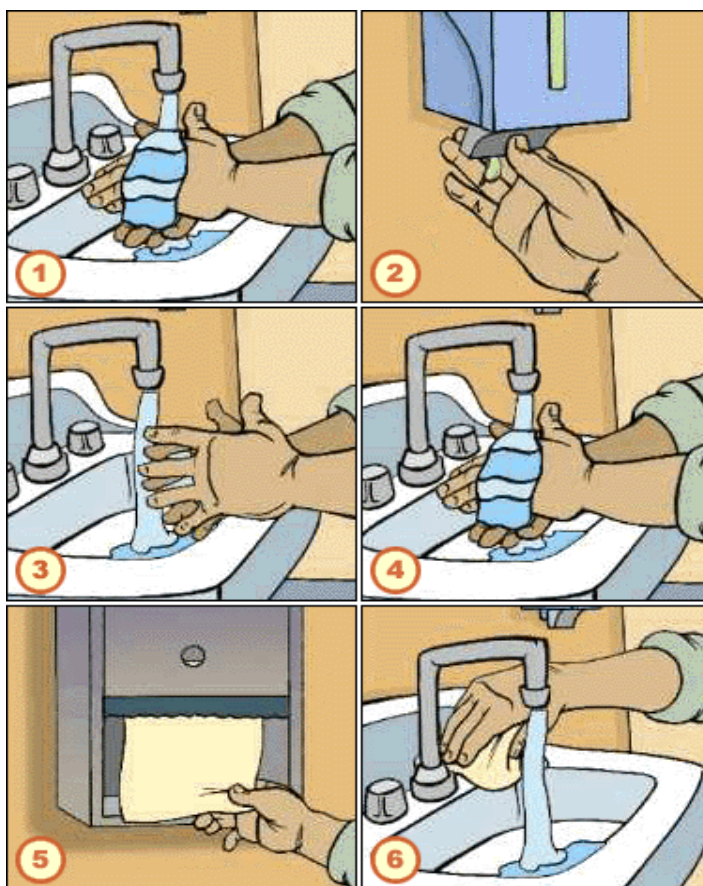
For touchless foam dispenser method:

1. Place palm of hand under dispenser.
2. Dip fingers of other hand into hand rub.
3. Spread hand rub around both hands and under finger nails with friction until hands are completely dry (about 30 seconds).

How to wash your hands with soap and water:

1. Wet hands thoroughly under running water. Note that excessive hot water can dry or damage skin.
2. Lather with soap.

3. Wash hands thoroughly, for at least 15 seconds, using friction. Be sure to include the backs, palms, wrists, between fingers, and **under fingernails** (nails harbor germs!).
4. Rinse hands thoroughly under running water.
5. Leave the water running and use a paper towel or an air dryer to dry hands thoroughly.
6. Turn off the water using the paper towel. This prevents you from picking up germs left on the tap.



Frequent hand washing can cause damage to your skin.
Be sure to rinse and dry thoroughly, and use a compatible lotion to keep skin from cracking.

Other tips:

- Make sure your hands are completely dry before putting on gloves.
- Wash your hands with soap and water when you feel a build-up on your hands after repeated use of handrub (about after every 6 applications of hand rub).

Fingernails: It is a Cal OSHA regulation that healthcare workers who provide direct patient care cannot wear artificial nails, extenders, tips, or gels. Nail polish should not be chipped and natural nails should be no longer than ¼ of an inch. Fingernails must be kept clean and trimmed.

What are “multi-drug resistant organisms” (MDROs)?

MDROs are strains of bacteria which live in or on our bodies that have developed resistance to the antibiotics commonly used to treat infections caused by these organisms. They do not cause more infections, but are harder to treat when they do. Examples include MRSA and VRE. MRSA refers to “methicillin resistant *Staphylococcus aureus*”. Around 25-30 % of us carry Staph in our noses at any given time. Sometimes these Staph are MRSA. VRE refers to “vancomycin resistant enterococci.” All of us carry enterococci in our intestines.

Patients with MDROs are placed on Contact Precautions. This includes placing a patient with an MDRO in a private room or together with another patient with the same MDRO. Staff and visitors are instructed to wear personal protective equipment (PPE) according to the posted Contact Precautions sign. Hands must be cleaned before putting on and after removing PPE, including gloves and a gown.

Supplies/equipment

Supplies in the room of a patient who is colonized or infected with MDROs should be kept to a minimum. Patient supplies should not be handled while wearing soiled gloves. Unopened, sterile supplies and medications can be returned to the appropriate area after being wiped down with the hospital disinfectant. Opened, contaminated, unwrapped or damaged items must be discarded, disinfected, or reprocessed, depending on the item. Any item that is used repeatedly and that directly touches the patient’s skin (e.g. blood pressure cuff, stethoscope) should, if possible, be dedicated to the patient until discharge. Equipment that comes in contact with the patient should preferably not be shared. Any equipment that will be shared (such as stethoscopes, IV poles, stretchers) must be wiped thoroughly with the hospital-approved disinfectant prior to being used on another patient.

TUBERCULOSIS:

TB is an airborne infection caused by *Mycobacterium tuberculosis*. It is not spread by contact with dirty items, soiled tissues or by touching a patient. The germ must be inhaled. In total, 11,545 TB cases (a rate of 3.8 cases per 100,000 persons) were reported in the United States in 2009. Both the number of TB cases reported and the case rate decreased; this represents a 10.5% and 11.3% decline, compared to 2008.

Latent TB infection (LTBI) versus active TB disease:

LTBI means someone has the bacteria present in the body but they are not ill with signs or symptoms of the disease. The only sign is a positive TB skin test or scar on the chest x-ray.

Signs of **active** TB disease include:

- Fatigue
- Fever
- Night sweats
- Unexplained weight loss
- Chronic cough (pulmonary infection)
- Blood-tinged sputum (pulmonary infection)

Healthcare center requirements for TB: The risk of developing TB is greatest for those who have prolonged contact with an infectious person in an enclosed setting. However, it is possible that a person could be exposed anywhere in the hospital. Hospitals and clinics are required by law to screen all employees on hire and annually thereafter for TB. TB Screening tests used at UCLA Health System include: tuberculin skin test (TST) or QuantiFERON-TB Gold In Tube (QFT GIT).

- Persons with a negative TB screening test on hire must repeat the test at least once per year.
- Persons with a prior or newly positive TB screening test on hire are screened for active TB disease by completing an annual health questionnaire asking if they have experienced any of the symptoms of TB. Employees with a positive health questionnaire receive a chest x-ray.
- It does no harm to repeat a TST unless you have ever had a severe reaction (for example, skin blistering) to the test. If you have had a severe reaction, you should not be re-tested. You can however get a QFT GIT. More information on this subject is available through Occupational Health/Employee Health.
- Employees who have a TB screening test conversion will be followed and offered treatment.

Bacille Calmette-Guerin (BCG)

Persons from countries where TB is more common may have received a TB vaccine called BCG. BCG vaccine initially will cause a positive TST reaction, but this reaction usually wears off over time. In addition, it has been determined that the BCG vaccine does not necessarily prevent TB infection. As a result, a TST skin test should be performed if it has been more than 10 years since receiving the BCG vaccine. Persons with a positive TST more than 10 years after receiving BCG vaccine should assume that they have been exposed to TB and have previously developed TB infection, and should keep a record of the size of their skin reaction. Recommendations on repeat annual skin testing will depend on the presence and size of any reaction.

Prevention of transmission from patients with active TB

- Recognize possible cases in a timely fashion.

- Prevent the patient from coughing germs into the air by having the patient wear a **regular surgical mask** and practice respiratory etiquette, including covering mouth when coughing and using tissues.
- Place patient in a negative air pressure room (NPIR) with an Airborne Precautions sign on the closed door. If a NPIR is not available, put patient in a private room with a portable HEPA filtration machine (applies to Santa Monica only). Keep the door closed as long as the patient remains on Airborne Precautions.
- The patient may leave the room for medically necessary procedures and must wear a surgical mask.
- NPIRs are checked routinely each week by Facilities for appropriate airflow and daily when occupied by a patient on Airborne Precautions for TB. Staff must activate the NPIR room alert by key and notify facility management to activate negative pressure.
- Keep the germs from entering your lungs by wearing an N95 mask when in the presence of an unmasked patient with possible TB, or if in a room which has been occupied in the last hour by a patient being tested for active TB or who has TB. Fit testing for the N95 mask is performed by the Safety Department.
- Confirmed cases of TB must be reported to LA County Public Health. These patients must receive prior approval from LA County before discharge.
- Follow up screening will be provided to all healthcare workers who were in contact with a patient with active TB patient before proper isolation was initiated.
- TST testing is provided by Occupational/Employee Health according to policy.
- Special cleaning procedures are not needed for supplies/equipment used for patients on Airborne Precautions. **After discharge, the room should be left vacant for 1 hour** with the Airborne Precautions sign on the door before a new patient can be admitted to the room.

Aerosol Transmissible Diseases (ATD)

Aerosol transmitted diseases (ATD) are usually spread person to person through direct contact with droplets from coughing or sneezing or through breathing in air that contains infectious organisms. Healthcare workers are at risk for occupational exposure to ATDs such as *Mycobacterium tuberculosis* (MTB), influenza (flu), and pertussis. Although rare, transmission may also occur patient to patient.

ATDs that may put health care workers at risk, signs and symptoms of these diseases, modes of transmission, and recommended prevention measures are listed below.

Disease	Signs & Symptoms	Transmission	Prevention
Influenza	<ul style="list-style-type: none"> • Fever (usually high) • Headache • Extreme tiredness • Dry cough 	<ul style="list-style-type: none"> • Person to person in respiratory droplets of coughs and sneezes • Examples of tasks 	<ul style="list-style-type: none"> • GET VACCINATED EACH YEAR • Seasonal Influenza use

	<ul style="list-style-type: none"> • Sore throat • Runny or stuffy nose • Muscle aches • Stomach symptoms, such as nausea, vomiting, and diarrhea, also can occur but are more common in children than adults 	that may expose workers: bronchoscopy, suctioning, sputum induction, working within 3-5 feet of a coughing patient without a mask on the patient or the worker	<p>Droplet Precautions</p> <ul style="list-style-type: none"> • Novel Influenza use precautions at the direction of Epidemiology
Measles	<ul style="list-style-type: none"> • Blotchy rash • Fever • Cough • Runny nose • Red, watery eyes (conjunctivitis) • Feeling run down, achy (malaise) • Tiny white spots with bluish-white centers found inside the mouth (Koplik's spots) 	<ul style="list-style-type: none"> • person to person in respiratory droplets of coughs and sneezes • Highly contagious • Can be spread to others from four days before to four days after the rash appears 	<ul style="list-style-type: none"> • Vaccination (included in recommended childhood vaccines in US-MMR) • Airborne Precautions
Mumps	<ul style="list-style-type: none"> • Fever • Headache • Muscle aches • Fatigue • Loss of appetite • Swelling of salivary glands 	<ul style="list-style-type: none"> • spread through direct contact with respiratory secretions or saliva 	<ul style="list-style-type: none"> • Vaccination (included in recommended childhood vaccines in US-MMR) • Droplet Precautions
Rubella	<ul style="list-style-type: none"> • Rash and fever for two to three days • Complications: Birth defects if acquired by a pregnant woman 	<ul style="list-style-type: none"> • Person to person in respiratory droplets of coughs and sneezes 	<ul style="list-style-type: none"> • Vaccination (included in recommended childhood vaccines in US-MMR)

			<ul style="list-style-type: none"> • Droplet Precautions
Pertussis	<ul style="list-style-type: none"> • starts like the common cold, with runny nose or congestion, sneezing, and maybe mild cough or fever • Progresses to severe, persistent cough that often produces “whoop” sound 	<ul style="list-style-type: none"> • Spread through direct contact with respiratory secretions or saliva 	<ul style="list-style-type: none"> • Vaccination (included in recommended childhood vaccines in US and adult booster-Tdap) • Droplet Precautions
Varicella-zoster (Chickenpox)	<ul style="list-style-type: none"> • Fever • Skin rash of blister-like lesions, covering the body but usually more concentrated on the face, scalp, and trunk 	<ul style="list-style-type: none"> • Coughing and sneezing (highly contagious), by direct contact, and by aerosolization of virus from skin lesions 	<ul style="list-style-type: none"> • Vaccination (included in recommended childhood vaccines in US and for non-immune adults) • Airborne and Contact Precautions

STANDARD AND TRANSMISSION BASED PRECAUTIONS

Standard Precautions:

- For all patients all of the time.
- Practice good hand hygiene.
- Use PPE when there is a risk of blood and body fluid exposure.
- If it's wet and not yours, wear PPE!

Transmission-Based Precautions:

Place patients in private rooms when available. When private room is not available, an inpatient on an acute care unit who requires transmission-based precautions may be placed in a room with another patient who has colonization or infection with the same organism but with NO other infection (cohorting).

Contact or Spore Precautions



For organisms that are spread by touch. They are carried along by hands and patient-care objects. E.g. MRSA, VRE, *C. difficile*

Droplet Precautions



For large particle droplets that can be generated by coughing, sneezing, etc. spread these organisms. E.g. Pertussis, some forms of meningitis, German measles

Airborne Precautions



For organisms that are spread by small, droplet nuclei < 5 microns in size that remain suspended in air and can be disbursed widely by air currents.

E.g., pulmonary tuberculosis, Varicela zoster (chickenpox), and measles

Airborne and Standard Precautions shall be used for patients undergoing aerosol-generating procedures.

For a complete list of diseases and precautions, see policy [HS IC 002](#).

NOTE: Resinck Neuropsychiatric Hospital patients on Precautions shall be allowed to attend clinically appropriate therapy. Instruct patient to wear clean attire and to clean hands before leaving their room. Ensure body fluids are contained. Instruct patient to wash hands/change clothes if they become contaminated and assist patient as indicated.

TABLE 1
AIRBORNE
PRECAUTIONS

	All Patients
Principal Elements	In addition to Standard Precautions
Hand Hygiene	<ul style="list-style-type: none"> Clean Hands before entering room and before leaving room.
PPE	<ul style="list-style-type: none"> Wear a fit-tested respirator, i.e. N95 mask or higher. The N95 mask is single use. For Varicella (chickenpox), disseminated zoster, or measles (rubeola): If you are immune to varicella, or measles, you do not need to wear respiratory protection. If you are susceptible (non-immune), you shall not be assigned to care for or visit the patients. If you must enter the room, wear respiratory protection (N95 mask).
Room Assignment	<ul style="list-style-type: none"> Place patient in Negative Pressure Isolation Room (NPIR), if available. Door must remain closed at all times (including when patient is out of room). Minimize unnecessary entry into the room. If NPIRs are limited, priority should be given to patients known or suspected to be infected with tuberculosis and measles. <p>NPIRs are located on each unit in RR-UCLA and specified units in Santa Monica.</p>
Precautions Signs	<ul style="list-style-type: none"> Post green Airborne Precautions sign outside the room where clearly visible.
Visitors	<ul style="list-style-type: none"> Staff shall instruct visitors on Airborne Precautions. Visitors shall follow the precautions outlined above under “PPE.” Visitors shall be instructed by staff nurses how to wear the N95 mask correctly. Staff shall provide patient and visitor with the education sheet, <i>Patient and Visitor Instructions for Patients on Isolation Precautions</i>, in the Forms Portal System (UCLA Form # 11246). Also refer to the patient education sheet, <i>Isolation Precautions: Nurse Education Instruction</i>, in the Forms Portal System (UCLA Form # 11249).
Patient Transport	<ul style="list-style-type: none"> Limit the movement and transport of the patient outside of their room. If transport or movement is necessary, place a surgical mask on the patient. Notify the department receiving the patient that Airborne Precautions are necessary.
Room Cleaning	<p>Standard Practices.</p> <p>For tuberculosis only, if less than 1 hour since patient discharge, healthcare worker should wear an N95 mask.</p>
Ambulation	<p>Patient should only leave room for necessary treatment (e.g. radiology or surgery). Patient to wear surgical mask when outside of room.</p>
Discharge	<p>Upon discharge, close room for 1 hour before admitting next patient.</p>

For a complete list of Negative Pressure Isolation Rooms, see policy [HS IC 002](#).

**** Negative Pressure Isolation Rooms (NPIR) LIST**

Floor Number	RR-UCLA Negative Pressure Isolation Rooms (NPIR)
First Floor	1255b, 1255d
Second Floor	2203p, 2221c, 2221e, 2321a, 2321c
Third Floor	3509
Fourth Floor	4157, 4311, 4341, 4643 (Resnick Hospital) 4411, 4433, 4457, 4 th floor RR ICU
Fifth Floor	5161, 5127, 5345, 5311, 5607a, 5445, 5411, 5433,
Sixth Floor	6161, 6127, 6345, 6311, 6611, 6645, 6457, 6411, 6433
Seven Floor	7161, 7127, 7345, 7311, 7611, 7645, 7457, 7411, 7433
Eighth Floor	8161, 8127, 8345, 8311, 8611, 8645, 8237h, 8237k, 8457, 8411, 8433
Emergency Department	In addition to 52 NPIRs listed above, there are five negative pressure treatment rooms in the ED: room 1411, 1421, 14301 1456, 1452
Other	RR 2329E and 2329G. 200 Medical Plaza 320-9 and 320-5 have the capacity to be converted into negative pressure isolation rooms

Building	Santa Monica Negative Pressure Isolation Rooms (NPIR)
Emergency Dept	A570G
SWW	A570G, 2522, 3524, 4550
MNP	1409 A,B,C, 2462, 5444, 5442
Tower	310, 311, 421,423,427,429,617,618, 808, 817, 818

TABLE 2 CONTACT PRECAUTIONS

	All Patients (Inpatient)	Modified (Outpatient)
Principle Elements	In addition to Standard Precautions	In addition to Standard Precautions
Hand Hygiene	Clean Hands before entering room and before leaving room.	Clean hands before and after care.
PPE	<ul style="list-style-type: none"> • Don gown and gloves when entering room. Gowns and gloves are single use. • Do not wash gloves. 	<ul style="list-style-type: none"> • Gloves for patient contact • Gloves are single use; do not wash. • (Gowns not routinely required).
Room Assignment	<ul style="list-style-type: none"> • Private room. Cohort patients with the same germ in the same room if private room not available. • If patient must be placed in an open bed unit, visibly separate the patient bed by curtain. • Post the red Contact Precautions sign where clearly Visible. 	<ul style="list-style-type: none"> • Patients undergoing outpatient procedures shall be placed in a bed located close to a sink. • Visibly separate the patient bed by curtain or door • Place Red Modified Contact Precautions sign where clearly visible.
Precautions Signs	<ul style="list-style-type: none"> • Red Contact Precautions Sign 	<ul style="list-style-type: none"> • Red Modified Contact Precautions Sign.
Visitors	<ul style="list-style-type: none"> • Staff shall instruct visitors on Contact Precautions. • Clean hands on entering room. • Visitors wear gowns and gloves when entering the room. • Remove PPE and clean hands when leaving. • Staff shall provide patient and visitor with the education sheet, <i>Patient and Visitor Instructions for Patients on Isolation Precautions</i>, UCLA Form # 11246 Also refer to the patient education sheet, <i>Isolation Precautions: Nurse Education Instruction</i>, UCLA Form # 11249 	<ul style="list-style-type: none"> • Staff shall instruct visitors on Modified Contact Precautions. • Clean hands before visit. • Wear gloves when contact with the patient is anticipated. • Remove PPE and clean hands when leaving.

Patient Transport	<ul style="list-style-type: none"> • Notify Receiving Department of Precautions. • Wounds are covered and body fluids are contained. • Patients should wear a clean gown (inpatients) and clean their hands before leaving their room • When possible, transport a patient in a wheelchair or stretcher rather than in their bed. • Cover a wheelchair or stretcher with clean linen before seating the patient. • Wipe the wheelchair and stretcher with hospital-approved disinfectant wipes after transporting patient.
Patient Care Equipment	<ul style="list-style-type: none"> • Standard cleaning. • When possible, dedicate the use of equipment (e.g., stethoscope, blood pressure cuff) to single-patient use. • Reusable patient care equipment must be disinfected with the hospital-approved disinfectant before use on another patient.
Room Cleaning	<ul style="list-style-type: none"> • Standard Practices
Ambulation	<ul style="list-style-type: none"> • See Criteria for Ambulating Patients on Contact Precautions, UCLA Form # 10910.

**TABLE 3.
DROPLET
PRECAUTIONS**

	All Patients
Principle Elements	In addition to Standard Precautions
Hand Hygiene	<ul style="list-style-type: none"> • Clean Hands before entering room and before leaving room.
PPE	<ul style="list-style-type: none"> • Disposable surgical mask must be worn when entering the room. • Masks are single use. •
Room Assignment	<ul style="list-style-type: none"> • Private room. Cohort patients with the same germ in the same room if private room not available. • If patient must be placed in an open bed unit, <ul style="list-style-type: none"> - Visibly separate the patient bed by curtain and place the Orange Droplet Precautions sign where clearly visible. - Maintain at least 3 feet between the infected patient and other patients and visitors.
Precautions Signs	<ul style="list-style-type: none"> • Orange Droplet Precautions Sign.
Visitors	<ul style="list-style-type: none"> • Staff shall instruct visitors on Droplet precautions. • Clean hands before entering room and before leaving room. • Visitors shall wear a surgical mask when coming within 3 feet of the patient and shall remove the mask immediately before leaving the patient room. • Staff shall provide patient and visitor with the education sheet, <i>Patient and Visitor Instructions for Patients on Isolation Precautions</i>, UCLA Form # 11246 • Also refer to the patient education sheet, <i>Isolation Precautions: Nurse Education Instruction</i>, UCLA Form # 11249
Patient Transport	<ul style="list-style-type: none"> • Limit the movement and transport of the patient outside of their room. • If transport or movement is necessary, place a surgical mask on the patient. • Notify the department receiving the patient that Droplet Precautions are necessary.
Room Cleaning	<ul style="list-style-type: none"> • Standard Practices.
Ambulation	<ul style="list-style-type: none"> • Patients on Droplet Precautions are encouraged to stay in their room. • A surgical mask must be placed on the patient before leaving the room.

TABLE 4 Contact/Spore PRECAUTIONS	All Patients (Inpatient)	Modified (Outpatient)
Principle Elements	In addition to Standard Precautions	In addition to Standard Precautions
Hand Hygiene	<ul style="list-style-type: none"> • Staff shall instruct visitors on Contact Precautions and Spore Precautions. 	<ul style="list-style-type: none"> • Wash hands with soap and water upon entering and leaving room.
PPE	<ul style="list-style-type: none"> • Don Gown and Gloves when entering room. • Gowns and gloves are single use. Do not wash gloves. 	<ul style="list-style-type: none"> • Don Gloves when entering a room. • (Gowns not routinely required.) • Gloves are single use; do not wash.
Room Assignment	<ul style="list-style-type: none"> • Private room. Cohort patients with the same pathogen/bug in the same room if private room not available. • If patient must be placed in an open bed unit, visibly separate the patient bed by a curtain. • Post the pink Contact/ Spore Precautions sign where clearly visible and on or next to the alcohol-based hand rub dispenser 	<ul style="list-style-type: none"> • Patients undergoing outpatient procedures shall be placed in a bed located close to a sink. • Visibly separate the patient bed by curtain or door • Post the pink Contact/ Spore Precautions sign on or next to the Alcohol-based hand rub dispenser
Precautions Signs	<ul style="list-style-type: none"> • Pink Contact/Spore Precautions Sign 	<ul style="list-style-type: none"> • Pink Contact / Spore Precautions sign

Visitors	<ul style="list-style-type: none"> • Staff shall instruct visitors on Contact Precautions and Spore Precautions. • Wash hands with soap and water upon entering and leaving room. • Visitors wear gowns and gloves when entering the room. Remove PPE and wash hands when leaving. • Staff shall provide patient and visitor with the education sheet, <i>Patient and Visitor Instructions for Patients on Isolation Precautions</i>, UCLA Form # 11246 • Also refer to the patient education sheet, <i>Isolation Precautions: Nurse Education Instruction</i>, UCLA Form # 11249 	<ul style="list-style-type: none"> • Staff shall instruct visitors on precautions. • Wash hands with soap and water before and after visit. • Wear gloves when contact with the patient is anticipated. • Remove PPE and wash hands when leaving.
Room Cleaning	<ul style="list-style-type: none"> • Wipe high-touch surfaces (e.g. bedside table, doorknob, bedrails) with diluted bleach Solution/wipes daily • Clean entire room with dilute bleach solution/wipes for both routine and terminal cleaning. 	
Ambulation	<ul style="list-style-type: none"> • See Criteria for Ambulating Patients on Contact Precautions, UCLA Form # 10910. 	
Patient Transport	<ul style="list-style-type: none"> • Notify Receiving Department of Contact/Spore Precautions. • Diaper is dry or liquid feces are contained. • Patients should wear a clean gown (inpatients) and clean their hands with soap and water before leaving the room • When possible, transport a patient in a wheelchair or stretcher rather than in their bed. • Cover a wheelchair or stretcher with clean linen before seating the patient. Wipe the wheelchair and stretcher with dilute bleach wipes after transporting patient. • Wipe down the wheelchair and stretcher with dilute bleach wipes after patient contact. 	
Patient Care Equipment	<ul style="list-style-type: none"> • When possible, dedicate equipment (e.g., stethoscope, blood pressure cuff) to single-patient use. • Try not to share medical equipment with <i>C. difficile</i> patients. If necessary, wipe the surfaces of equipment with dilute bleach wipes. • Reusable patient care equipment must be disinfected with dilute bleach solution/wipes before use on another patient. 	

NEUTROPENIC/PROTECTIVE PRECAUTIONS

In addition to standard and transmission-based precautions, use Neutropenic/Protective Precautions for patients with selected immunocompromising conditions to limit the risk of infections among these patients. Please refer to the following forms.

- Isolation Precautions- Heart Transplant UCLA Form # [312758](#)
- Isolation Precautions- Lung Transplant, UCLA Form # [10106](#)
- Protective Care Precautions, UCLA Form # [10176](#)

Protective Precautions may include the following:

- Private Room
- Patient room door to remain closed at all times
- No live plants or fresh cut flowers
- No raw fruit or vegetables
- No rectal procedures (e.g. temperature)
- Any person with respiratory infection and or known or suspected contagious illness may not enter the room.

PPE

- PPE refers to items that provide a temporary barrier to prevent direct contact with blood, body fluid or organism exposure (e.g., gloves, gowns, mask, eye protection/face shield, goggles)
- Use critical thinking when using PPE during patient care based on the type of interaction or activity and the extent of anticipated blood, body fluids or organism exposure.
- Wear PPE when entering the room of a patient who is on isolation precautions.
- Use gloves, gown, face shield, mask during any aerosol-generating procedure.
- All PPE must be removed before leaving a procedure room, patient room or work area. However, it is OK to wear PPE out of a patient's room/area if there is a **HIGH EXPECTATION** of exposure to blood or bodily fluids (e.g., transporting a critical care patient). Be mindful to prevent possible contamination of the environment.
- Clean your hands after removing PPE. Gloves are not a substitute for hand hygiene!
- Dispose of PPE in appropriate covered containers. Do not place PPE on the floor.
- All PPE is single use.
- PPE should be located near all clinical areas. If it is not available, please inform your Unit Director.
- PPE can be compromised and has a limited ability to prevent transmission if:
 - Appropriate PPE is not used in anticipation of exposure.
 - PPE is not donned properly.
 - PPE is damaged (mask should not be used if visibly soiled, torn, wet).

Gloves

- Wear gloves when you enter a patient's room when directed by an isolation precaution sign.
- Wear gloves when you may have contact with blood or other potentially infectious materials, mucous membranes (e.g. mouth, eyes, perineal area) non-intact skin (e.g. open cuts, sores, and rash) or potentially contaminated intact skin (e.g. patient incontinent of stool or urine).
- DO NOT wash and reuse gloves.
- Change gloves during patient care if the hands will move from a contaminated body site (e.g. perineal area) to clean body site (e.g. face).
- Always clean your hands after removing gloves.

Gown

- Wear a gown as directed on the isolation precaution sign.
- Wear a gown when it is appropriate to the task to protect skin and prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood, body fluids, secretions or excretions are anticipated.
- Wear a gown for direct patient contact if the patient has uncontained secretions or excretions.
- Always remove gown before leaving the patient's environment.

Mask/Eye Protection/Face Shield/Goggles

- Use PPE to protect the mucous membranes of the eyes, nose and mouth during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.
- Select masks, goggles, face shields and combination of each according to direction on isolation precaution signs and the need anticipated by the task performed.
- Wear fit tested N95 respirator mask when entering an Airborne Precautions room.
- Wear a fit tested N95 mask during aerosol generating procedure (e.g. bronchoscopy, open suctioning) for patients suspected or confirmed with an Airborne transmissible disease (tuberculosis, chickenpox, measles; see complete list in policy [HS IC 002](#)).
- Wear a regular surgical mask when a patient is on Droplet Precautions (see complete list in policy [HS IC 002](#)).
- Refer to Airborne Disease Transmission (ADT) Policy, [HS IC 005](#).

Sequence for Donning and Removing PPE

SEQUENCE FOR DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required; e.g., Standard and Contact, Droplet or Airborne Infection Isolation.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



SECUENCIA PARA PONERSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)

El tipo de PPE que se debe utilizar depende del nivel de precaución que sea necesario; por ejemplo, equipo Estándar y de Contacto o de Aislamiento de infecciones transportadas por gotas o por aire.

1. BATA

- Cubra con la bata todo el torso desde el cuello hasta las rodillas, los brazos hasta la muñeca y dóblela alrededor de la espalda
- Átesela por detrás a la altura del cuello y la cintura

2. MÁSCARA O RESPIRADOR

- Asegúrese los cordones o la banda elástica en la mitad de la cabeza y en el cuello
- Ajustese la banda flexible en el puente de la nariz
- Acomódesela en la cara y por debajo del mentón
- Verifique el ajuste del respirador

3. GAFAS PROTECTORAS O CARETAS

- Colóquese la sobre la cara y los ojos y ajústela

4. GUANTES

- Extienda los guantes para que cubran la parte del puño en la bata de aislamiento

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

UTILICE PRÁCTICAS DE TRABAJO SEGURAS PARA PROTEGERSE USTED MISMO Y LIMITAR LA PROPAGACIÓN DE LA CONTAMINACIÓN

- Mantenga las manos alejadas de la cara
- Limite el contacto con superficies
- Cambie los guantes si se rompen o están demasiado contaminados
- Realice la higiene de las manos

SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)	SECUENCIA PARA QUITARSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)
<p>Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.</p> <p>1. GLOVES</p> <ul style="list-style-type: none"> ■ Outside of gloves is contaminated ■ Grasp outside of glove with opposite gloved hand; peel off ■ Hold removed glove in gloved hand ■ Slide fingers of ungloved hand under remaining glove at wrist ■ Peel glove off over first gloved ■ Discard gloves in waste container <p>2. GOGGLES OR FACE SHIELD</p> <ul style="list-style-type: none"> ■ Outside of goggles or face shield is contaminated ■ To remove, handle by head band or ear pieces ■ Place in designated receptacle for reprocessing or in waste container <p>3. GOWN</p> <ul style="list-style-type: none"> ■ Gown front and sleeves are contaminated ■ Unfasten ties ■ Pull away from neck and shoulders, touching inside of gown only ■ Turn gown inside out ■ Fold or roll into a bundle and discard <p>4. MASK OR RESPIRATOR</p> <ul style="list-style-type: none"> ■ Front of mask/respirator is contaminated — DO NOT TOUCH! ■ Grasp bottom, then top ties or elastics and remove ■ Discard in waste container 	<p>Con la excepción del respirador, quítese el PPE en la entrada de la puerta o en el antecuarto. Quite el respirador después de salir de la habitación del paciente y de cerrar la puerta.</p> <p>1. GUANTES</p> <ul style="list-style-type: none"> ■ ¡El exterior de los guantes está contaminado! ■ Agarre la parte exterior del guante con la mano que todavía tiene puesto el guante y quítelo. ■ Sostenga el guante que se quitó con la mano que todavía tiene puesto el guante. ■ Deslice los dedos de la mano sin guante por debajo del guante que no se ha quitado todavía a la altura del muñeca. ■ Quítelo el guante de manera que acabe cubriendo la mano con el guante. ■ Arroje los guantes en el recipiente de desechos. <p>2. GAFAS PROTECTORAS O CARETA</p> <ul style="list-style-type: none"> ■ ¡El exterior de las gafas protectoras o de la careta está contaminado! ■ Para quitárselas, tómela por la parte de la banda o de las piezas de las orejas. ■ Colóquelas en el recipiente designado para el procesamiento o de materiales de desecho. <p>3. BATA</p> <ul style="list-style-type: none"> ■ ¡La parte delantera de la bata y las mangas están contaminadas! ■ Desate los cordones. ■ Tocando solamente el interior de la bata, pásela por encima de la cabeza y de los hombros. ■ Voltee la bata al revés. ■ Dóblela o enróllela y deséchela. <p>4. MÁSCARA O RESPIRADOR</p> <ul style="list-style-type: none"> ■ La parte delantera de la máscara o respirador está contaminada — ¡NO LA TOQUE! ■ Primero agarre la parte de abajo, luego los elásticos de arriba y por último quítela la máscara. ■ Arrójela en el recipiente de desechos.
<p>PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE</p>	<p>EFFECTÚE LA HIGIENE DE LAS MANOS INMEDIATAMENTE DESPUÉS DE QUITAR CUALQUIER EQUIPO DE PROTECCIÓN PERSONAL</p>

BLOOD BORNE PATHOGENS (BBP)

Problems related to blood borne disease. There are at least 20 infectious agents that have been transmitted in healthcare settings following exposure to blood. Some of them have serious acute and long-term complications. Hepatitis B virus (HBV), the Human Immunodeficiency Virus (HIV), and Hepatitis C virus (HCV) are the blood borne organisms that cause the greatest concern in health care settings.

Exposure Control Plan for Blood Borne Pathogens policy [HS IC 006](#) is available online and contains additional information about blood borne diseases, at risk job groups, and prevention measures.

- A. Transmission of infection depends on a number of variables, including:
- Amount of blood or potentially infectious fluid to which the individual is exposed

- Amount of pathogen in the fluid
- Frequency of exposure
- Duration of exposure
- Virulence/potency of the pathogen
- Immune status/function of the exposed individual

B. Hepatitis B Virus (HBV)

- The CDC estimates that there are 8700 new cases of occupationally acquired HBV infection among health care workers (HCWs) in the United States each year.
 - There are an estimated 200 deaths in HCWs each year as a result of fulminant or chronic HBV infection.
 - Some HCWs (6-10%) who are infected with HBV become carriers and can transmit HBV to others. Carriers are at increased risk of liver ailments including cirrhosis and liver cancer.
- The risk of infection from a needle stick or mucous membrane exposure to HBV-infected blood ranges from 30-300 infections per 1000 (3-30%); the highest risk (30% per exposure) is exposure to blood, which carries the 'e' antigen of HBV (HBeAg).
- Hepatitis B vaccine is highly effective and is indicated for all HCWs who are expected to have contact with blood or other potentially infective materials defined under standard precautions, as a result of their job.
 - OSHA regulations require that employers provide the HBV immunization series at no cost to employees who could have occupational exposure as defined above.
 - HBV vaccine is available through Occupational Health/Employee Health.
 - HBV vaccination requires a series of 3 injections. An antibody titer should be drawn 4-6 weeks after the third injection. If the titer is found to be too low, the health-care worker will be given additional vaccine. If adequate antibody titers do not develop after two additional injections, the HCW is considered to have failed to respond to HBV immunization, but can receive effective post-exposure treatment using Hepatitis B immune globulin (HBIG).
 - Once a HCW has completed the HBV vaccination series **AND** has demonstrated an HBV antibody titer, s/he is felt to be protected from HBV even if the titer subsequently drops.
 - Currently, routine HBV boosters are not recommended. However, if the HCW has been previously immunized and is then exposed to blood from a source found to be positive for HBV surface antigen (active infection), then s/he should be given one dose of vaccine and HBIG.
 - Employees who do not wish to have the vaccine must sign a specific form stating that they have been offered the vaccine but are declining it at this time. An employee who signs a declination form can at any time during future employment ask for and receive the vaccine series.

- C. Human Immunodeficiency Virus (HIV)
- The number of people infected by HIV (the virus which causes AIDS) during occupational exposure is very small.
 - The risk of HIV infection from a work-related exposure to HIV-infected blood (through needle stick or mucous membrane exposure) is ~ 0.3 % for needle sticks and <0.1% for mucous membrane or non-intact skin exposure.
 - HIV infection may initially cause no symptoms - or only mild symptoms. Over time HIV infection causes progressive destruction of the immune system, allowing opportunistic diseases, which cause devastating effects and death.
 - To date, less than 170 HCWs have been reported to have acquired HIV through occupational exposure in the USA.
 - Prophylaxis with anti-HIV drugs following exposure significantly decreases the risk of HIV infection. Antiviral prophylaxis should be started within 1-2 hours of exposure, if possible. Questions about efficacy and safety of prophylaxis should be discussed Occupational Health/Employee Health or EMC personnel who initially will evaluate you following the exposure or with your physician.
- D. Hepatitis C Virus (HepC)
- Studies indicate that risk of infection following needle stick exposure to a source who has Hepatitis C infection is approximately 3.5%.
 - The Hepatitis C antibody test does not tell us if the source currently is infectious at the time of the test, only that the source has been infected.
 - No vaccine or other therapy currently is available and effective in preventing HCV infection.

Additional General Guidelines for Prevention of Bloodborne Pathogen Infection:

E. Sharp Safety

- Do not bend, break, or re-cap dirty needles.
- Pay attention when placing sharps in sharps containers.
- Use of safety devices for all sharps is required by California law.
- Always announce the fact that you are handing a sharp object to someone.
- Staff must use aseptic technique for the preparation and administration of intravenous medications
- Do not reinsert used needles into multi-dose vials or solution containers
- Do not use the same needle/syringe to administer intravenous medications to multiple patients
- For all Lumbar Puncture Procedures, in addition to skin antisepsis and wearing sterile surgical gloves, wear a surgical face mask to limit the dispersal of respiratory droplets during the placement of a catheter or injecting material into the spinal or epidural space.

F. Decontamination

- Employees must clean and decontaminate work surfaces and equipment with an approved hospital-grade disinfectant after completing procedures involving contact with blood.
- Employees must also clean and disinfect:

- When surfaces become obviously contaminated
- After any spill of blood or other potentially infectious materials
- At the end of the work shift if contamination may have occurred
- If cleaning up broken glass, use forceps or other mechanical means to sweep up the glass. Broken glass should not be picked up with the hands even if they are gloved.
- Contaminated equipment should be cleaned and decontaminated after use whenever possible. If this is not feasible, enclose equipment in plastic and label with a biohazard sign before sending it for service or shipment.
- PPE:
 - PPE such as gloves, eye protection, cover gowns, and masks should be available in all areas where exposure might occur.
 - Hypoallergenic gloves are available and should be ordered for departments where employees have these special needs.
 - Water-resistant PPE must be available in areas where soaking or splashing exposure may occur.
 - Remove PPE before leaving the work area. PPE must be discarded at the area where it was used. Gowns, gloves, masks, shoe covers, etc. are not to be worn in the halls or nursing stations.
- If clothing is soaked by blood or other potentially infectious fluid, the HCW should remove the clothing ASAP. Clean scrubs shall be provided.
- Flush eyes with water as soon as possible after an eye exposure to blood or other potentially infectious fluid.
- Report any/all blood borne pathogen exposures immediately to your supervisor and then follow the notes below.
- Specimens are handled using universal/standard precautions and transported in a plastic bag or leak proof container with a biohazard label.

G. Reporting blood exposures

- For RRUCMC or CHS, contact Occupational Health Facility (x5-6771) located on the 6th floor, Center for Health Sciences during business hours. After-hours exposures initially will be evaluated in EMC personnel. The contact# is x78407.
- For Santa Monica Hospital contact Employee Health (310) 828-0329 or if after hours contact the Nursing Supervisor
- If the employee is initially seen in the EMC, s/he **MUST** report to Occupational/Employee Health on the next business day. This is for **the employee's protection**, to ensure necessary follow-up.
- Employers are required to maintain a covered employee's health record for 30 years after the individual terminates employment.
- Employees consenting to post-exposure testing but refusing HIV baseline testing must have their blood saved for 90 days in case they change their mind.
- Employers must offer exposure management at an alternative site if the employee requests this due to confidentiality concerns.

WORK RESTRICTIONS WHEN YOU ARE SICK

A. Conjunctivitis, infectious

- No direct patient contact until discharge ceases.
- Viral conjunctivitis can be particularly infectious and has been associated with epidemics in hospitals.

B. Diarrhea

- Healthcare workers with acute illness that is severe, accompanied by other symptoms (such as fever, abdominal cramps, or bloody stools), or lasts longer than 24 hours, should be excluded from direct patient care pending further evaluation.
- Healthcare workers with salmonella should not care for high-risk patients until 2 consecutive stool specimens are negative for salmonella.

C. Group A Streptococcal Disease

- Healthcare workers with a sore throat, fever, and swollen lymph glands should be evaluated and have a throat culture performed if streptococcal sore throat is suspected.
- Anyone suspected of having a group A streptococcus infection at any site should be removed from direct patient care until infection is ruled out by test or until 24 hours after start of effective therapy.

D. Exposure to Varicela (chickenpox) or Zoster (shingles)

- The same virus (Varicela zoster) causes both diseases.
- If you are exposed to either infection and do not remember having had either infection in the past, you need to inform your supervisor. Your blood antibody titer must be checked.
- If you are not immune you must refrain from patient care during the incubation period. Notify Infection Control.

G. Herpes Simplex

- Genital: No work restrictions.
- Hands (herpetic whitlow): No direct patient contact until lesions heal.
- Oral-facial: Cannot care for high-risk patients (NICU) without clearance. Persons with multiple facial lesions should refrain from patient care until lesions are healed.

H. Respiratory infections

- Carefully wash your hands every time you cough, sneeze or touch your respiratory secretions and before any patient contact.
- According to California regulations, employees are not permitted to wear masks when ill with a respiratory infection.

- Even mild colds may be caused by viruses, which can result in severe infections in others.
- Do not come to work if you are ill with a respiratory infection, especially if you have a fever.
- You cannot tell from your symptoms if you have a mild rhinovirus infection ("common cold") or an infection with RSV, influenza, or some other viral infection that could have serious consequences if transmitted to a hospitalized patient.
- Respiratory Syncytial virus (RSV) can cause life-threatening pneumonia in patients less than 2 years of age, particularly among those with cardiac or pulmonary problems.
 - RSV is spread by **direct contact** with respiratory secretions.
 - RSV in healthy adults and older children appears as a common cold.
- Influenza is spread primarily by **respiratory droplets** generated by coughing or sneezing.-
 - Influenza vaccine is offered every fall and winter and is strongly recommended for all healthcare workers (providing there are no personal contraindications).
 - You must complete the on line influenza vaccine declaration yearly

I. Febrile Illness

Stay home if you have a fever.

CHAPTER EIGHT: PATIENT SAFETY

1. OVERVIEW

In 1999, the Institute of Medicine's report, *To Err is Human: Building a Safer Health System* focused the spotlight on patient safety. Studies estimated that medical errors kill between 44,000 and 98,000 hospital inpatients annually. Effective July 1, 2001, the Joint Commission on Accreditation of Healthcare Organizations modified their standards to explicitly include patient safety requirements for continued accreditation.

Reduction of medical/health care errors and other factors that contribute to unintended adverse patient outcomes in a health care organization requires an environment in which patients, their families, and organization staff and leaders can identify and manage actual and potential risks to patient safety. This environment encourages:

- Identification of barriers to effective communication among caregivers
- Initiation of actions to reduce identified risks
- Interdisciplinary, collaborative approach to the delivery of patient care
- Proactive identification to prevent adverse occurrences, rather than simply reacting when they occur

The UCLA Healthcare Center for Patient Safety and Quality works with colleagues throughout the organization to improve the quality and safety of care we deliver. The Center defines and promotes changes necessary to create a culture that encourages reporting and learning

from mistakes, near misses and mishaps by creating a “blame free” environment. More information and tools are available on the Center’s website:

<http://quality.mednet.ucla.edu>.

UCLA Healthcare has also launched our “Partners in Safety” program, encouraging our patients to be vigilant regarding safe medical practices (e.g., make sure providers wear proper identification, medications are not unfamiliar, and caregivers wash their hands) and ask questions if something appears wrong or unsafe. A copy of this brochure is available on the Center’s website.

In addition, any employee concerned about safety or quality of care provided in the UCLA Health System may report these concerns to Joint Commission without fear of retaliation or discipline. To report any concerns to JCAHO call 1-800-994-6610.

Questions and comments are always welcome, please email: safety@mednet.ucla.edu

2. NATIONAL PATIENT SAFETY GOALS

These are the current Joint Commission National Patient Safety Goals. These specific goals as defined by the Joint Commission are consistent with and supportive of our institution's drive to provide excellent patient care, to measure the quality of our care, and to constantly strive to improve our care. These patient safety requirements must be incorporated in our everyday practices.

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.

3. EVENT REPORTING

An "event" at the Medical Center is considered to be an unusual occurrence such as:

- An event or action that is not consistent with the routine care of a patient
- A major violation of established procedure
- A disturbance or unfavorable situation that could disrupt Medical Center functions or damage the Medical Center's public relations

Examples of events include medication errors, personal injuries, serious verbal threats, or missing patients. If an event occurs, a supervisor should be notified immediately, and the employee most familiar with the event should complete an "Event Report" in the "Event Reporting System" (EVR). Event reports should be submitted whenever an unsafe process is identified (e.g. misses in addition to harmful events).

The Event Reporting Homepage can be accessed through the MedNet Homepage, or at <http://www.eventreporting.mednt.ucla.edu>. User Guides with instructions on how to connect to the system and enter an event are available at most computer terminals where an event may be entered. Help can also be found online on the Event Reporting Homepage under the *Documents* heading. The posted information includes the current *User and Manager Guides, Reporter and Manager Manual, Frequently Asked Questions, and Helpful Hints*.

Reporting occurrences is important because the information helps us identify opportunities for improvement. Some things warrant immediate action. Other things are tracked to identify recurrent system problems that would be appropriate performance improvement projects. Event report data are reviewed, analyzed, and discussed with department representatives; findings are collectively reported to our Performance Improvement Committee and Executive Committee.

Event Reports are not part of the patient's Medical Record, nor is the incident mentioned in the Medical Record. THEY ARE NOT USED FOR DISCIPLINARY PURPOSES.

4. MEDICAL GASES

Medical gases are considered prescription drugs and as such require a written order by a physician. Medical gases include oxygen, compressed air, carbon dioxide, helium, nitrogen, and nitrous oxide. These gases have a variety of medical uses. For example, oxygen is usually administered to patients with respiratory distress and surgeons may use carbon dioxide to inflate the abdomen during a laparoscopic procedure. If used inappropriately, some these some gases may become flammable, explosive, and lethal.

To reduce risk to staff, and patients and their families:

Always READ the label on each cylinder before using a medical gas, in addition to checking the tank color. Color-coding is only for a quick ID. If the written label does not match the color of the tank, DO NOT ADMINISTER the gas.

Never use an adapter to make a connection. When gases in small cylinders are used, the American Standards Association Pin Index Safety System must be used to avoid improper connections. If the regulator does not fit, do not remove the pins to make the connection.

Always check to be sure that the cylinder is full *immediately* prior to transporting a patient.

During patient transport, small cylinders **must** be in *carriers* that are specifically designed for them. In addition, the cylinder *carriers* must be fastened securely to the bed, gurney, wheelchair or cart.

Never move a cylinder by rolling it across the floor. *Cylinders should be moved via carriers or carts.*

Check to see that the medical gas cylinders are secured in place, in an upright position, and in a well-ventilated area. Do not allow cylinders to be stored on their sides or loosely on the floor.

Annual Education Clinical Guide Post-Test

1. (T/F)The Santa Monica-UCLA Medical Center and Orthopaedic Hospital mission states that we are dedicated to improving the health status of the community we serve.
2. (T/F)Information Management links research, teaching and patient care activities with business and administrative functions. It also ensures the integrity and security of verbal, written and electronic information.
3. (T/F)Only the patient care areas have to develop their performance improvement activities and goals annually.
4. (T/F)To inquire about or report an incident of sexual harassment, employees should contact the Human Resources Department.
5. (T/F)It is the responsibility only of licensed employee to protect patient confidentiality.
6. (T/F)Any employee can review a medical record as long as the employee does not tell anyone about it.
7. Under what circumstances may an employee request to be granted the right not to participate in patient care or treatment?
 - a. Unfairness in assignment
 - b. Having a conflict with a patient
 - c. Being in conflict with one's own ethics, culture and religion
 - d. Having a conflict with the supervisor
8. (T/F)In addition to the Hospital Emergency Incident Command System (HEICS), every department has an emergency and disaster response plan.
9. Emergency codes used to alert staff to potential emergency situations. Which of the following is correct for emergency codes?
 - a. Code Triage = Disaster
 - b. Code Red = Fire
 - c. Code Orange = Hazardous Spill
 - d. All of the above

10. The phone number to call when reporting a fire in the hospital is:
 - a. 911
 - b. 74#
 - c. 0 (Operator)
 - d. 310-319-4000

11. Identify the proper codes for a possible infant or child abduction
 - a. Code Black and Code White
 - b. Code Pink and Code Purple
 - c. Code Pink is used for both infant and child
 - d. Code Red and Code Blue

12. It is the responsibility of the employee to:
 - a. Know the location of fire extinguishers and evacuation routes
 - b. Ensure patient safety
 - c. Dial 74# and report location, what is burning, and magnitude of fire
 - d. All of the above

13. (T/F) Event reports should be filed whenever an unsafe process is identified.

14. To find more information about hazardous materials, refer to:
 - a. Infection Control Manual
 - b. Safety Manual
 - c. Material Safety Data Sheets
 - d. Hospital Policies

15. (T/F) If injured on the job, wait a few days to see if everything gets better before reporting it to Employee Health Office or the Emergency Room.

16. (T/F) The primary purpose of the sexual harassment complaint resolution procedure is to ensure that the alleged harasser is fired

17. (T/F) Only employees who do direct patient care are required to wear hospital identification badges.

18. (T/F) When leaving your computer, even for a short time, it is important to log out to assure the security and protect the confidentiality of online information.

19. (T/F) In case of emergency, anyone can shut off a medical gas valve without worrying about its effect on patients.

20. (T/F) Red outlets and switches can be used any time.
21. Which department do you call for requesting service (or to report a problem) on your medical equipment?
- a. Plant Operations
 - b. Health System Facilities
 - c. Clinical Engineering
 - d. Human Resources
22. Who is responsible for notifying Clinical Engineering of any medical equipment (including loaner, demo and rental) in order to complete an acceptance prior to initial use on patient?
- a. Technical staff of Clinical Engineering
 - b. Purchasing Department
 - c. Each department receiving the equipment
 - d. Nursing Department
23. (T/F) Biohazardous waste can be placed in a regular trash bag.
24. (T/F) Patients undergoing a research procedure must sign an informed consent that informs them that they must participate in the research project until completion.
25. Which department should be contacted to begin the research process? Circle one.
- a. Administration
 - b. Medical Review Board
 - c. UCLA Office of Clinical Trials
 - d. Human Resources
26. (T/F) Researchers need to be trained and show certification of training before an application for research will be considered.
27. (T/F) All containers that contain a hazardous material or hazardous waste must always be properly labeled.
28. A master list of all Santa Monica Hospital MSDS's is located in:
- a. Administration
 - b. The Emergency Department
 - c. The Safety Office
 - d. Human Resources

29. When is the next preventive maintenance inspection due on a piece of medical equipment?
- a. It is indicated by the “due date” on the inspection label
 - b. Whenever Clinical Engineering makes their rounds
 - c. Medical equipment only needs to be checked by the manufacturers before it arrives in the department
 - d. All medical equipment is inspected every 12 months
30. (T/F) Employees concerned about safety or quality of care provided in the UCLA Health System may report these concerns to the Joint Commission without fear of retaliation or discipline.
31. If an employee has an exposure from a bloodborne pathogen injury, they must:
- a. Report the event to their supervisor.
 - b. Go to Occupational Health/ Employee Health during business hrs or ER after hrs with completed paperwork and any applicable patient ID information.
 - c. If initially seen in the Emergency Dept., report to Occupational Health / Employee Health Facility the next business day.
 - d. All of the above
32. (T/F) Alcohol based hand rubs may be used when your hands are contaminated but not visibly soiled.
33. An infection a patient acquired in the hospital is called _____.
- a. Community
 - b. Health Care Associated
 - c. Indeterminate
 - d. Patient related
34. What is the policy for fingernails for direct care providers?
- a. Nail length must not exceed ¼ inch, nail polish should not be chipped or peeling and may not wear artificial nails, extenders or fingernail jewelry.
 - b. Nail length must not exceed ½ inch, nail polish should not be chipped or peeling & may wear artificial nails
 - c. Nail length must not exceed ¼ inch nail polish should not be chipped or peeling & may wear artificial nails
 - d. Nail length must not exceed ½ inch, nail polish should not be chipped or peeling and may not wear artificial nails.
35. Patients with MRSA are placed on _____ precautions
- a. Droplet
 - b. Contact
 - c. Drug-resistant
 - d. Airborne and Contact Precautions

36. Besides Tuberculosis and chickenpox, what other communicable disease requires airborne isolation?
- Hepatitis B
 - C difficile
 - Measles
 - Meningitis
37. When do you wear Personal Protective Equipment?
- When entering a patient's room that is on isolation precautions
 - When personal uniforms are torn
 - During procedures with a high expectation of exposure to blood and body fluids
 - a & c
38. (T/F) HIPAA requires us to indicate the name of the organism or disease on the isolation sign.
39. Are there work restrictions when you have a respiratory infection?
- no restrictions
 - may come to work and wear a surgical mask
 - should stay home because it will be impossible to prevent you from exposing patients and colleagues
 - a cold virus is not a respiratory infection
40. _____ precautions are used on all patients regardless of diagnosis.
- Droplet
 - Contact
 - Standard
 - Airborne
41. A patient with a diagnosis of r/o meningitis requires _____ isolation.
- Standard
 - Droplet
 - Airborne
 - Contact and Droplet
42. After a tuberculosis patient is discharged, a room used for airborne isolation must be left vacant for _____
- 1 hour
 - 1/2 hour
 - 4 hours
 - one shift

ANNUAL EDUCATION GUIDE CLINICAL MODULE POST TEST

Print Name: _____ Unit/Ext. _____

DIRECTIONS: Please indicate your responses to the questions found on the Annual Education Day Post Test.

1. T F	16. T F	31. a b c d
2. T F	17. T F	32. T F
3. T F	18. T F	33. a b c d
4. T F	19. T F	34. a b c d
5. T F	20. T F	35. a b c d
6. T F	21. a b c d	36. a b c d
7. a b c d	22. a b c d	37. a b c d
8. T F	23. T F	38. T F
9. a b c d	24. T F	39. a b c d
10. a b c d	25. a b c d	40. a b c d
11. a b c d	26. T F	41. a b c d
12. a b c d	27. T F	42. a b c d
13. T F	28. a b c d	
14. a b c d	29. a b c d	
15. T F	30. T F	

Please correct your own test using the answer sheet provided by your supervisor or by the Human Resources Department. Indicate those items missed with a check mark next to the item number.

How many questions did you miss? _____

Review each question missed and sign below.

I have reread each question that I missed on the above examination and understand the correct answer. I have read and reviewed my Department's Safety, Fire, Disaster, and Infection Control policies.

Signature _____ Date _____