LOS ALAMITOS
MEDICAL CENTER

Student Information Packet.

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MEDICAL CENTER

January 20, 2022

Dear Nursing Students,

I would like to welcome you as you progress in your academic pursuit in nursing. Los Alamitos Medical Center is committed to provide you with an atmosphere that is conducive to learning. We have students from local and regional nursing, medical, dietary, radiology, laboratory and other health-related programs. Our staff is focused on assisting you with your learning needs. It is important for all to remain focused to provide quality patient care and customer service in support of our hospital's I CARE values: *Integrity, Compassion, Accountability, Respect, Excellence.*

We encourage you to work closely with our staff and not hesitate to ask questions or share comments related to procedures you may see. We want you to participate along with us as we strive toward our goal of excellence in patient care and nursing satisfaction, and ultimately, making Los Alamitos Medical Center a preferred place to work. Keeping our patients safe and providing superior customer service to enhance a positive experience for our patients is critical. Nursing is an exciting and challenging profession. By staying positive and making a difference as you learn in each department, you are setting the bar of excellence for the entire hospital. You are truly among a select group of nurses with the passion and commitment to take the next steps in clinical excellence.

Thank you for your hard work and dedication to nursing.

Sincerely yours,

Judith Chabot, MSN, RN, NE-BC
Chief Nursing Officer

Healthy Healing ♡
Listening. Caring. Connecting.

Our dedication to Healthy Healing is deeply rooted in our Mission and Values:

Mission

We provide excellent healthcare in a compassionate, respectful manner.

I c♥re Values

Integrity, **C**ompassion, **A**ccountability, **R**espect, **E**xcellence

Los Alamitos
Medical Center
Tenet Health Pacific Coast

Injury Prevention

Back pain is mankind's most common ailment and the most common type of work-related injury. Once you have a back injury, there is an increased chance of recurring back problems. The primary goal of proper body mechanics is to prevent additional trauma to and existing back problem. Remember, prevention is much easier than cure.

BEWARE OF BACK INJURY WHEN LIFTING

Rules for Good Body Mechanics

1. Avoid lifting, if possible. If lifting:
   - Take a balanced stance with feet shoulder width apart.
   - Squat down so you can get as close to the object as possible.
   - Use palms and not just fingers to get a secure grip on the object.
   - Keep you back straight and avoid bending from the waist.
   - Tuck your chin.
   - Use legs, abs, and buttock muscles to lift.
   - Bend at your hips and knees and lift with your legs, not your back. Your leg muscles are much stronger than your back muscles.

SAFETY FIRST USE PROPER LIFTING TECHNIQUES

2. Avoid lifting heavy objects higher than your waist. Always turn and face the object you wish to lift. Turn by pivoting or moving your feet, not twisting your trunk.
3. Avoid carrying unbalanced loads.
4. Stand close to the weight to be lifted and carry it close to your body.
5. Keep heavy objects off the floor, place on a table our counter instead-at the height of your trunk and hips
6. Never push, pull, or carry anything which you cannot handle with ease. Ask for help if the weight you are attempting to move is too heavy to handle alone.
7. Avoid sudden movements; learn to move more deliberately.
8. If carrying heavy weights, rest frequently or support the body whenever possible.
9. When mopping, vacuuming, sweeping, etc. always work with the tools close to your body. Work areas should be arranged to minimize strain. Never use a "giant" step or long reaches to perform your work activities.
10. When standing, sitting, or lying in bed, keep your head in line with the spine.
11. Try to maintain "good" posture by keeping your buttocks tucked and stomach flat. Wear low or moderate heels to avoid excessive back strain.

Other Back Tips:
- Stretch first.
- Slow down.
- Rest your back-Take posture breaks.
- Sleep on a firm mattress.
- Get in shape. Strengthen your stomach muscles, lose weight and increase flexibility.

Back Care Tips

➤ Change position often while at work or at home – get up every 30 minutes.

➤ Avoid stools and benches without backs.

➤ Eat properly and keep your weight down.

➤ Sit in a well-fitting chair with feet on the floor and thighs parallel to each other.

➤ Used a rolled towel if your chair does not support the normal curvature of your lower back.

➤ Lift properly. Use bent legs and keep back straight. Do not twist your trunk.

OSHA Bloodborne Pathogen Standard

Who is covered by the standard?
OSHA's Bloodborne Pathogens (BBP) Standard prescribes safeguards to protect workers against the health hazards caused by bloodborne pathogens. The BBP Standard places requirements on employers whose workers can be reasonably anticipated to contact blood or other potentially infectious materials.

How does exposure occur?
- Most common source of exposure is from needle sticks.
- Cuts from contaminated sharps instruments such as scalpels, contaminated broken glass.
- Contact of mucous membranes (the eyes, nose, mouth) or broken (cut or abraded) skin with contaminated blood.

BBPs are microorganisms that are carried in the blood that can cause disease in humans. There are at least 28 Blood Borne Pathogens with the three most common being:
- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV)

Potentially Infectious Bodily Fluids
- Blood
- Semen or Vaginal Secretions
- Skin Tissue, Cell cultures, Unfixed tissue or organ
- Any bodily fluid with blood
- Cerebrospinal fluid
- Pleural, Pericardial, Peritoneal fluid
- Amniotic fluid

Personal Protective Equipment (PPE)
- Gloves
- Eye protection, goggles
- Face masks or face shield
- Gown
- CPR mouth barriers
- Respirators

PPE Rules to Remember
- Always check PPE for defects or tears before using
- If PPE becomes torn or defective remove and get new ones
- Remove PPR before leaving a contaminated area
- Do not reuse disposable equipment

Universal Precautions
- Use proper PPE.
- Treat all blood and bodily fluids as if they are contaminated
- Proper cleanup and decontamination

- Prompt disposal of all contaminated material in the proper manner
- Activate safety mechanisms of sharps

Hand Washing
- Wash hands immediately after removing PPE
- A hand sanitizer can be used, but wash with soap and water as soon as possible afterward

Signs and Labels
- Labels must include the universal biohazard symbol, and the term "Biohazard" must be attached to:
    - Containers of regulated biohazard waste
    - Refrigerators or freezers containing blood or other potentially infectious materials (OPIM) Containers used to store, transport, or ship blood or OPIM

Exposure Incident
- A specific incident of contact with potentially infectious bodily fluid
- Report all accidents involving blood or bodily fluids immediately to your supervisor, employee health, or during off hours the house supervisor
- If there are no infiltrations of mucous membranes, open skin surfaces, or sharps injury by contaminated sharps, it is not considered an occupational exposure
- Post-exposure medical evaluations are offered

Post-exposure Management
- Clean wounds with soap and water
- Flush splashes to nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irritants

Organizational Ethics

All employees have the responsibility to display "total integrity" in all our activities. Integrity is the basis of our reputations as individuals. These basic values include:

- Provide high quality, cost effective health services to our patients.
- To be honest, trustworthy, and reliable in all our relationships.
- To be a leader in the use and application of current techniques and technology.
- To be good corporate citizens.
- To be responsive to the needs and expectations of our health care team.
- To pursue profitability and growth.
- To treat all Tenet employees fairly.

All Tenet employees must observe these standards and never allow personal preferences, inconveniences, or competitive pressures to compromise adherence. Violation is a serious matter and may lead to disciplinary action up to and including termination.

When making ethical decisions it is important to consider:
- Are there any laws that apply to the situation?
- Is the issue covered by organizational policies or procedures?
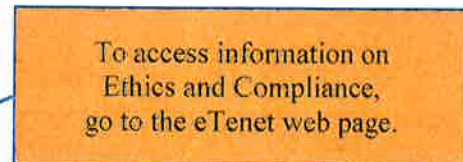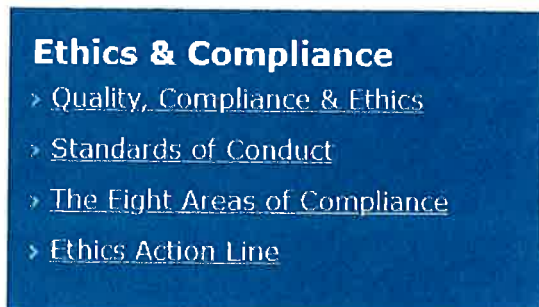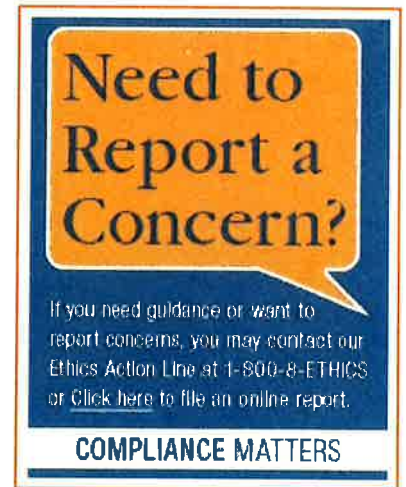- How will the decision be looked upon by other people?

If in doubt, stop and seek assistance using local resources when possible. Guidance is always available from you from:
- Immediate Supervisor
- Human Resources Department
- Hospital Administration
- Tenet Ethics Action Line (1800-8-ETHICS)

Your Role Under the Compliance Program

Your involvement in Tenet's Ethics and Compliance Program may take many shapes, such as reading and acknowledging the Standards of Conduct, participating in information and educational programs (including ethics and compliance training), and adhering to relevant policies, procedures, and the terms of Tenet's Quality, Compliance and Ethics Program Charter.

Need to Report a Concern?

If you need guidance or want to report concerns, you may contact our Ethics Action Line at 1-800-8-ETHICS or Click here to file an online report.

COMPLIANCE MATTERS

The Ethics and Compliance Department may also rely upon your cooperation to assist in the review and resolution of compliance issues.

Ethics & Compliance
> Quality, Compliance & Ethics
> Standards of Conduct
> The Eight Areas of Compliance
> Ethics Action Line

To access information on Ethics and Compliance, go to the eTenet web page.

Event Reporting and eSRM

In the event of an occurrence, adverse or unexpected outcome, or variance from everyday normal activities; the occurrence must be reported to your Supervisor/Director/Manager.

The Event Report (eSRM) must be made within **24 hours** from the event. If the occurrence/variance is a major or catastrophic event, Risk Management and your Supervisor/Director/Manager must be notified immediately.

Staff shall report all **Adverse Events, Sentinel Events and Near Misses** into an Event Report online (eSRM). Staff shall also report any **Hazardous Condition** even though the conditions have not yet resulted in an Adverse Event, Sentinel Event or Near Miss.
The process for reporting occurrences is through the use of the following protocol:
- Implement any necessary immediate action to ensure patient, staff, medical staff and bystander safety.
- Report the occurrence to your Supervisor/Director/Manager or directly to Risk Management.
- Complete the occurrence form online (eSRM).
- Event Reports shall be submitted to and reviewed by Risk Management.
- New hires are trained on process of Event Reporting (eSRM) through the **LearnShare** educational system.

Information to provide in the Event Report:
- Factual statements (who, what, where and when) related to the occurrence and any interventions taken.
- Include objective, factual narrative description of the event with minimal use of abbreviations.
- Include any injuries that occur to the patient, as well as any follow-up orders received from the patient's physician.
- The Event Report must **not** include speculation, admit to or attempt to assign blame, liability or causation or include opinions of any kind. If the individual completing the report desires to discuss additional aspects of the event, that individual can contact the Risk Manager.

Administration reviews all eSRMs and will follow-up as needed and report the incident to the Tenet Legal and Claims Management Departments.

It is important to note that the Event Reporting protocol is not documented in the patient Medical Record. **DO NOT** document in the medical record that an Event Report was completed and given to Risk Management.

Patient Privacy- Paper Disclosures

When an error occurs due to patient information disclosures, it is considered a violation of patient privacy rights and the potential ramifications include:

- Notifying the California Department of Public Health (CDHP) and the affected patients
- Notifying the Office of Civil Rights (OCR) with fines applied for repeated violations. These fines can and have been applied to organizations and individuals.
- Reputational risk to the hospital because of dissatisfaction by patients involved in the inappropriate disclosure.
- Potential civil liability
- Financial penalties

What should you do if you discover that a patient received another patient's documents in error?
- If discovered on the same day- notify Supervisor/Manager who will notify a Privacy Incident Response Team (PIRT) Member.
- Retrieve the incorrect documents from the patient by working with the PIRT. DO NOT ask the person to shred the documents.
- Provide correct documents to the patient, if necessary.
- Ensure the other patient received their correct documents.

Guidelines for safeguarding inadvertent paper disclosures to the wrong party:
- Verify **EVERY PAGE** as accurate for the correct patient **EVERY TIME** prior to releasing the documents.
- Verify the patient label is for the correct patient on EVERY PAGE prior to releasing the documents.
- Verification of the correct patient to release the documents by using two patient identifiers prior to releasing the documents.
- Do not leave paper documents contacting patient information unattended within reach of any unauthorized recipient (employees, visitors, patients, vendors, etc.).

Patient Privacy- Verbal Disclosures

The HIPAA Privacy Rule protects all health information and individually identifiable information of a patient whether electronic, written, or verbal.

Disclosures to Family, Friends, and Others:
The law does not require a Health Care Provider (HCP) to share information with family or friends, unless they are the patient's personal representative.

Guidelines for safeguarding inadvertent verbal disclosures:
- Avoid using patient names in hallways, elevators, and other public places (i.e. cafeteria).
- Speak quietly when speaking with the patient or family (if authorized) about the patient.
- Ensure the patient has agreed to the verbal disclosure prior to sharing with or in front of family, friends, or other persons.

Do not verbally share information about a patient with anyone unless it is for work purposes only. (i.e. co-worker, physician, outside the hospital setting). If sharing information for work purposes, then only discuss the "Minimum Necessary" for the purpose of carrying out job duties.

The HIPAA Privacy Rule does permit HCPs to share a patient's information with a patient's family or friends under certain circumstances.

- If the patient is present and able to make health care decisions, then the HCP may disclose to family, friend or other persons if:
  - The HCP obtains the patient's permission
  - The patient doesn't object to sharing their PHI after being given the opportunity to do so.
  - The HCP decides, based on the circumstances and professional judgment that the patient doesn't object and the HCP has verified that the patient has not previously placed a restriction on disclosing the patient's PHI.

The HCP is not required under HIPAA to share a patient's information when the patient is not present or is incapacitated. The HCP can choose to wait until the patient has an opportunity to agree to the disclosure of their PHI.

Patient Privacy- Texting
Per LAMC policy, the use of personal cellular phones for the transmission of medical information or receiving phone orders (i.e. photos, texting, instant messaging) through unsecure methods is **NOT** permitted.

The HIPAA compliant application CareAware Connect Messenger via Cerner is acceptable for receiving orders/transmitting patient information. CareAware Connect Messenger is an approved application and can be downloaded on to a cell phone.

Patient Privacy Safeguards
- "Safeguards" refer to the precautions LAMC take to protect the privacy and security of PHI. Examples of safeguards are:
  - Drawing the curtains between beds in a patient room and speaking in a low voice so the other patient cannot hear.
  - **DOUBLE-CHECK:** fax numbers, patient armband, each piece of paper before releasing, patient consent or object before discussing information with visitors.

- Verifying the correct fax number of the recipient.
- Faxing information using a coversheet with a confidentiality statement informing the recipient which includes information of what to do in the event of receiving a fax in error.
- Verifying whether or not the caller requesting information is allowed to receive the information and that the person is really who he/she claims to be.
- Keeping medical records and computer screens out of public view.
- Keeping computer screens locked when leaving the computer.
- Not sharing passwords or ID access with anyone.
- Encrypt all e-mails by typing "SECURE" at the beginning of the subject line.

Violations or breeches in privacy or security come in many forms ranging from a simple error which includes sending documents via fax to a wrong number to the serious violation of downloading PHI for personal gain.

All Los Alamitos Medical Center employees are responsible for maintaining the privacy and security of protected health information

Under State law, the hospital must report privacy violations within **FIVE DAYS** of discovery.

Notify your Department Manager, Human Resources, or Hospital Administration to report any violation or potential problems with communication including privacy/security errors, or if you have any privacy questions, or suspect a privacy/security violation.

What is "Opting Out"?
Per LAMC policy, patients have the right to refuse to speak with or see anyone not officially connected with the hospital, including visitors, or person officially connected with the hospital but not directly involved in his/her case.

When a patient wants to "opt out" of a directory, he/she does **NOT** want anyone to know they're in the hospital. For this reason, they are not listed in the directory.

Patient Privacy and Minimum Necessary

"Minimum Necessary" refers to just the right amount of information necessary to do your job. For example, you can have access to the medical record as a nurse because you're taking care of the patient or you can access the medical record because you're a coder coding the chart.

Training

All Los Alamitos Medical Center (LAMC) employees, contractors, volunteers, and anyone working at LAMC either permanently or temporarily shall be trained in privacy and security.

Patient's Rights

A copy of these rights and responsibilities is given to all patients, family members, employees, members of the medical staff and governing board, and the general public. These rights include:

1. Access to Care
2. Respect and Dignity
3. Pain Management
4. Dying/Grieving Process
5. Privacy and Confidentiality
6. Personal Safety
7. Ethical Issues
8. Experimental Drugs/Devices/Clinical Trials
9. Identity
10. Information
11. Communication
12. Consent
13. Advance Directives
14. Consultation
15. Refusal or Acceptance of Treatment
16. Transfer and Continuity of Care
17. Hospital Charges
18. Hospital Rules and Regulations
19. Complaints and Conflict Resolution

Patient Responsibilities:

1. Provide accurate and complete information.
2. Follow treatment plan; comply with instructions.
3. Accept responsibility if treatment refused.
4. Financial obligations.
5. Follow hospital rules; be considerate of others.

Social Services

The Social Worker works with patients and their families to help manage the complexities of the hospital stay. LAMC's social workers are committed to educating family members, serving as an advocate, and facilitating communication during and after the hospital stay.

The Social Worker:

- ~ Performs psychosocial assessments.
- ~ Provides counseling and support to help patients and families cope with the emotional stresses of illness and hospitalization.
- ~ Assists with discharge planning to ensure continuity of care.

LAMCs social worker can provide referrals to community services and resources such as:

- ~ Crisis Intervention
- ~ Loss and Grief Resources/Support
- ~ Mental Health Support
- ~ Caregiver Issues
- ~ Alcohol and Substance Abuse Resources
- ~ Homelessness

Health Insurance Portability & Accountability Act (HIPAA)

HIPAA is a document that addresses many aspects of health insurance portability. The primary section that concerns us as healthcare workers is the administrative portion of HIPAA that protects the security and privacy.

HIPAA protects the security and privacy of **Protected Health Information (PHI)**.

- PHI includebut are not limited to *social security numbers, names, addresses, health information, billing information, quality of care documents*, etc.

- The privacy regulation protects all protected health information including but not limited to electronic, oral, written etc. The security portion of the law pertains only to electronic health information and the access to that information.

What are Patient's Rights under HIPAA?

- Patients privacy rights under HIPAA are outlined in the brochure called the **Notice of Privacy Practices (NPP)** that is handed out to patients when they come to the hospital as required by law. These rights include the following:
    - ✓ Right to access their information. They may review or obtain a copy of their PHI.
    - ✓ Right to restrict their PHI. They must be given an opportunity to consent or object to who may or may not receive their health information.
    - ✓ Right to revoke the above authorization.
    - ✓ Right to confidential communications i.e. have their protected health information sent somewhere other than their home of record or by other means such as via fax.
    - ✓ Right to amend their PHI if they feel the information is incomplete or in error.
    - ✓ Right to an accounting of disclosures i.e. a listing of where we sent their health information and to whom.
- The NPP tells the patient how the hospital may use and disclose their PHI.

Elder, Child, and/or Spousal Abuse and Screening Criteria

Every clinical discipline and support staff has the opportunity to notice signs and symptoms of abuse. Whether assigned in radiology, nursing departments, outpatient departments, there may be an opportunity to observe symptoms of abuse.

Some of the signs may be, but not limited to:
1. Red blotches or bruises on the body, especially on the trunk where they may be hidden by clothes. Attempts to hide injuries.
2. Malnourished – *thin and emaciated.*
3. Poor personal hygiene.
4. Unexplained injuries.
5. Multiple bruises in different stages of healing.
6. Human bite marks.
7. Burns – *particularly on back or buttocks.*
8. Spiral fractures.
9. Unexplained fractured or multiple fractures in various stages of healing.
10. Head injuries – *fractured skull.*
11. Internal bleeding or injuries – *liver, spleen, pancreas, kidneys, and/or other vital organ damage.*

Questions to consider asking the patient are:
1. Do you feel *"unsafe"* in your own home?
2. Are you afraid of anyone?
3. Have you been emotionally, physically or sexually abused?
4. Have you been struck, slapped, kicked, or otherwise physically hurt, within the last year?
5. Have you ever been touched in a manner that made you feel uncomfortable?
6. Is there evidence of neglect by self?
7. Is there evidence of neglect by caretaker? *(Evidence may include: chronic poor hygiene, malnutrition, sores, etc.)*

If there is a **YES** answer to any of the above questions, collaborate with a clinical discipline (Social Services) for reporting abuse to the appropriate regulatory body immediately or as soon as possible. Reporting on abuse is mandatory.

Advance Directives for Healthcare

Los Alamitos Medical Center supports a patient's right to participate in healthcare decision making. Through education and inquiry about advance directive, Los Alamitos Medical Center will encourage patients to communicate their healthcare preferences and values to others. Such communication will guide others in healthcare decision making for the patient if the patient is incapacitated. A "DNR" (Do Not Resuscitate) requires a physician order.

As part of the admission process, the patient or significant other is provided with information regarding the patient's rights to make decisions concerning healthcare.

The person who documents a patient's admission will ask the patient, or significant other, whether he/she has completed an advance directive. If an advance directive has been completed the person who documents the patient's admission will ask for a copy of the advance directive so that it may be placed in the patient's medical record. If a copy of the advance directive is not immediately available, the patient will be informed that it is his or her responsibility to provide a valid copy of the advance directive to Los Alamitos Medical Center as soon as possible. When a copy is received, it is placed in the patient's medical record.

A patient, who needs more information regarding advance directive decision making, shall be referred to Social Services.

Patient Self-Determination Act (1990) - P.S.D.A.
Federal Law that requires that hospitals participating in the Medicare or Medi-Cal Programs provide information regarding the right, under state law, to formulate advanced directives concerning healthcare decisions to all adult (and emancipated minor) inpatients.

Some Definitions
- **Advance Healthcare Directive**- Documents that state your choices about medical treatment or name someone to make decisions about you medical treatment, if you are unable to make these decisions or choices yourself.
- **Agent**- Individual designated in a power of attorney for health care to make a health care decision for the patient.
- **Conservator**- A court appointed conservator having authority to make a health care decision for a patient.

Two Types of Advance Directive recognized in California State Law
- **Power of Attorney for Health Care** – This is a written instrument designating an agent to make health care decisions for the principal (the patient).
- **Living Wills** – This is a document that usually provides specific directives about the course of treatment that is to be followed by health care providers and caregivers.

EMTALA
- If a patient comes to the hospital and requests an examination or treatment, the patient must receive an appropriate medical screening examination by qualified medical personnel to determine whether the person is suffering from an emergency medical condition.

- Any person can present themselves anywhere in the hospital or on hospital grounds.

- **If an emergency medical condition exists, the person must be provided with stabilizing** treatment within the capabilities of the hospital, including routine ancillary services and services of on call specialists.

- The patient with an emergency medical condition must receive stabilizing treatment before he is asked about his financial or insurance status.

- No one can ask about the patient's insurance or ability to pay prior to a medical screening examination by the Emergency Department Physician.

- After the examination has been provided, a patient with an emergency medical condition cannot be transferred to another facility unless such a transfer is an "appropriate transfer."

- If the patient has an emergency medical condition requiring hospitalization, the hospital is obligated to admit the patient for stabilization.
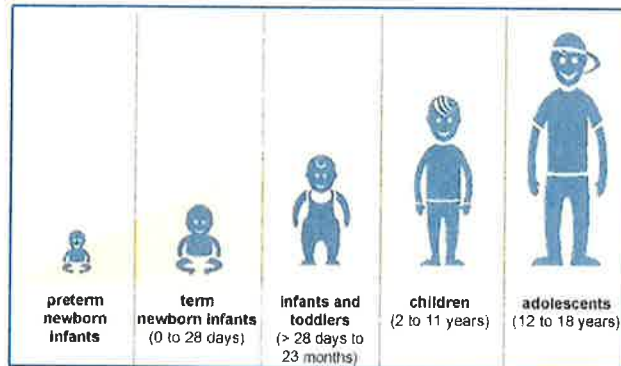
Utilization Management

Los Alamitos Medical Center has a Utilization Management Plan to maintain high quality, medically necessary, and efficient treatment for all patients, regardless of payment source, by ensuring that patients receive the right care at the right time in the right place. The plan provides for review of services provided by the hospital and by members of the medical staff to patients.

- Case Managers review all admissions, extended stays, professional services, and appropriateness of level of care. Case Managers also assist the medical and nursing staff in discharge planning.

- Daily Bed Meetings are held by an interdisciplinary team including Unit Charge Nurses/Managers of Nursing units, ED, Case Managers; Administration; Nurse Supervisor; Laboratory, Radiology and Environmental Services representatives.

- Bed Meeting goals include:
  - ✓ Patient Discharge coordination of services
  - ✓ Bed Control and identification of admitting strategies for the day
  - ✓ Review of CORE measures to assure patient treatment plans are in compliance
  - ✓ Identification of potential patients for readmissions
  - ✓ Identification of Infection Prevention issues
  - ✓ Identification of specific patient issues

- Multi- disciplinary rounds Monday thru Friday in each unit.

- Weekly Case Management meetings are conducted with Case Managers, Physician Advisor, and nursing representation to review:
  - ✓ Extended patient stays
  - ✓ Patients with potential extended stay issues

- The Utilization Management Physician Advisor conducts Utilization Management Meetings (not to be less than 6 times per year)

- The Physician Advisor provides clinical consultation to case managers and will consult with attending physician regarding mitigating circumstances regarding inappropriate admissions and conducts concurrent stays utilization review.

Age/Patient Population Related Issues

The Joint Commission (TJC) requires healthcare workers to relate to their patients in age appropriate ways. LAMCs competence process confirms and documents that all staff that have direct patient contact are competent in regards to specific age groups and the patient populations they encounter.

| preterm newborn infants | term newborn infants (0 to 28 days) | Infants and toddlers (> 28 days to 23 months) | children (2 to 11 years) | adolescents (12 to 18 years) |

Infant/Child/Adolescent

- The developing systems of pediatric patients are more vulnerable to diseases than are those of adults.
- Vital signs for neonates are different than those for infants, children, and young adults. Anticipate the neonate/infant's needs because his/her only way of communicating is through crying.
- Young children believe in magical things and may not understand explanations of procedures. It is helpful to explain things with demonstrations.
- Talking with older children should be straightforward. As an older child approaches adolescence, it is important to provide privacy during procedures.
- Adolescents are likely to be very concerned with how treatments or procedures may affect their self-image, peer relationships, or appearance.

Young Adult

- Young adulthood is defined as ages 18-24 or 18-25; however, some researchers use 18-29.
- Young adults make choices that may involve college, employment, military service, as well as marriage and childbearing.
- Young adults are busy balancing demands of career and family. People in this age group may ignore signs or symptoms of disease, feel invulnerable to illness, and may not have accepted their mortality.
- Vulnerable young adults face greater challenges. Many systems, including safety net programs that serve vulnerable youth, change or end at age 18. Other vulnerable groups include those who are homeless and/or exiting the foster care system.
- Young adults are generally very healthy and rates of chronic disease are low.
- Young adulthood is also a critical period to identify and treat mental health issues, as symptoms of 75 percent of all lifetime diagnoses emerge by age 24.
- Young adults have higher rates of substance use, including alcohol, tobacco and marijuana use, and drinking and driving, as well as higher rates of obesity, sexually transmitted infections, motor vehicle crash mortality and homicide.
- Many young adults became uninsured in the transition to adulthood.
- Young adults also have fewer outpatient visits than any age in the life span, but have higher rates of emergency room visits than all ages except for infants and the elderly.

Middle-Aged Adults

- The traditional interval of 45-65 years of age is being expanded by prospective studies to include people aged 35-65.
- May be helping their adult children leave home and become responsible adults.
- During middle-age many chronic health conditions may emerge. It is important for people in this age group to get regular check-ups.
- The most common health problems experienced during middle age are arthritis, asthma, bronchitis, coronary heart disease, diabetes, genitourinary disorders, hypertension (high blood pressure), mental disorders, and strokes (cerebrovascular accidents). AIDS has also become an increasingly frequent health problem in this age group.
- The physical and physiological changes occur such as facial wrinkles, graying or loss of hair, increasing weight (and decreasing ability to lose it), deteriorating vision and hearing.
- Injuries take longer to heal, and non-specific pains are frightening suggestions of the potential for serious illness.
- Concern about the adequacy of financial resources for old age.
  - Such as having enough money to meet day to day expenses, being able to pay the rent or mortgage, worries about whether savings will be eroded by inflation, anxieties about illness and the associated expenses (medicine, home care, paramedical services, specialized housing needs, etc.), and whether government or private pension funds will yield the anticipated and necessary income.
- Middle adults may feel that their competence is in question because of their age, or middle-aged adults may feel pressured to compete with younger workers.
  - Research indicates that age has less to do with predicting job success than do tests of physical and mental abilities.
- Three generation families are the norm, and four generation families are becoming more common. The middle-aged person becomes sandwiched between young and old generations and may be faced with making living arrangements for one's own parents.

Older Adults/Elderly

- Traditionally aged 65 years and older.
- Falls are the leading cause of fractures, hospital admissions for trauma, injury deaths.
- Falls are the most common cause of older adult traumatic brain injuries, accounting for over 46% of fatal falls.
- Commonly suffer from 1 or more chronic diseases such as high blood pressure, heart disease, cancer, stroke, and diabetes.
- One in four older adults experiences some mental disorder including depression and anxiety disorders, and dementia.
- People aged 85+ have the highest suicide rate of any age group.
- Older adults may feel great stress due to losses that occur at this stage in life. An example of loss at this stage is the loss of friends due to death or disease.
- Diminishing sensory functions make safety considerations a priority for older adults.
- Older-aged adults have less vigorous immune systems and may need to be dependent on others.

Cultural Diversity and Sensitivity

Los Alamitos Medical Center (LAMC) recognizes and respects the cultural, physical and social differences among our staff, associates, patients and their families, and visitors. We realize that each individual comes from a different background and brings a range of talent and opinions, which enrich our environment. LAMC attempts to mirror the community it serves and strives to appreciate cultural differences.

Culture consists of a body of learned beliefs, traditions, and guides for behaving and interpreting behavior that are shared among members of a particular group. It includes values, beliefs, behaviors, preferences, customs, verbal and non-verbal communication styles and institutions. Value aspects of a culture include clothing, art, buildings, and food. Less obvious differences include things like religious beliefs, sexual orientation, political views, and educational background.

Healthcare workers must be prepared to work with patients regardless of their cultural or religious background. The major factor contributing to the need for cultural awareness is the changing demographics of the world around us. Culturally appropriate care for each patient must be given. Caring for patients from different backgrounds must be based on respect for human dignity and appreciation for the values, beliefs and practices of others.

It is important to learn other cultures to assess what beliefs the other person may hold. When caring for patients and families from diverse cultural backgrounds healthcare workers must be alert to the existence of traditional beliefs that may differ from their own. Some things to keep in mind:

- While touch may be comforting for some people, it may be seen as a threat to others.
- Some people are present oriented, and have difficulty in selecting long term goals. Some may have no concept of time and patient teaching must be altered for each perception.
- It is also important to know how the other person's religion factors in with their healing process.

Diversity in the healthcare setting necessitates employees to be open-minded and respectful of each person's values and cultural differences. It can affect the quality of care we give to our patients, as well as our interactions with other staff members.

Awareness of cultural factors can improve patient and family education, meet our community needs, and ensure that our patients receive quality care. When we factor the patient's cultural views on health and wellness into the plan of care, the outcome is more likely to have a favorable outcome.

Culturally competent care is defined as being sensitive to issues related to culture, race, gender, sexual orientation, social class, and economic situation, among other factors.

Since we are all products of our different cultures, it is important to recognize any biases or prejudices we may have towards others. Based upon sources of input, it is easy to form opinion about entire groups. This is how stereotypes begin. When working with people from other cultures, generalizations about one group cannot be made. Take time to find out about the person before jumping to conclusions.

Some general guidelines to keep in mind in being sensitive to other cultures include, but are not limited to the following:

- Be non-judgmental of other cultures. What someone may feel is inappropriate, may be normal and right for other cultures.
- Do not attempt to change the way people feel. This may create feelings of animosity. Build rapport instead by finding out what leads someone to feel the way they do.
- Work on developing patience and tolerance for others.
- Examine your own beliefs and values.

Sometimes, differences and conflicts can occur due to differences our language. Guidelines to help through these kinds of differences include:

- Listen carefully to what is said
- Repeat messages that are not readily understood
- Phrase the questions in different ways
- Try to provide the patient with education material in their native language.
- Use the Interpreter Systems available in each department as appropriate.
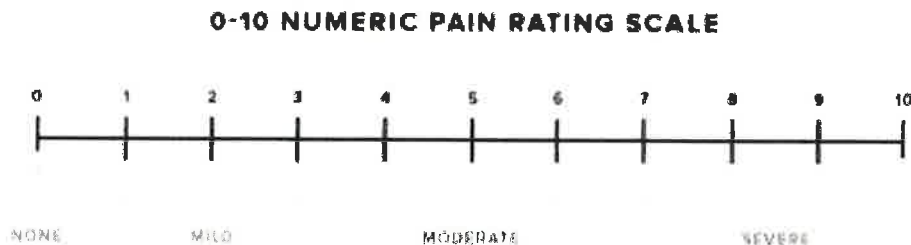- Use Teach3/Ask 3.

In summary, keep in mind that the person you are interacting with from another culture is your best teacher and expert on their culture. Ask sensitive, but appropriate questions to find out more about them and what may be causing them to respond the way they are. If we ask with respect and genuine desire to learn from them, they will tell us how we can improve our relationships.
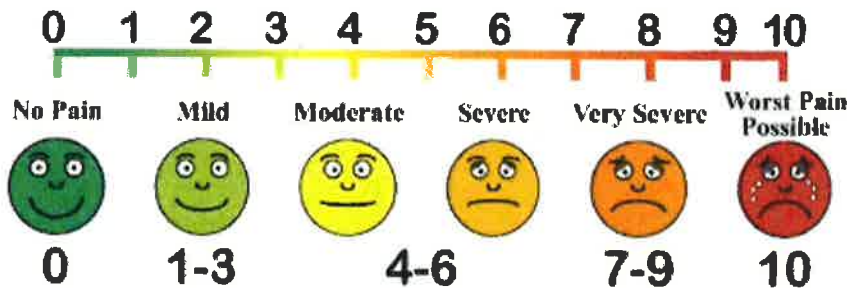
Pain Management

All patients will be evaluated on admission for the presence of pain. A comprehensive pain assessment will be completed should the patient express the presence of pain.

The pain assessment shall be based on the patient's self-report, using the appropriate pain scale. If patient is unable to self-report, then physical and/or age appropriate indicators will be used to assess the pain. LAMC uses different pain assessment tools depending on the patients being served. The most common scales are:

1. Numeric Scale – 0 to 10
2. Faces

0-10 NUMERIC PAIN RATING SCALE

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

NONE   MILD   MODERATE   SEVERE

Faces

0 1 2 3 4 5 6 7 8 9 10

No Pain   Mild   Moderate   Severe   Very Severe   Worst Pain Possible

0   1-3   4-6   7-9   10

Other tools are available, depending on the patient population served.

Pain management is a multidisciplinary process and includes the interdisciplinary health care team involved with the patient and his/her family. All employees have the responsibility of reporting to a licensed caregiver any experiences they may have of a patient reporting pain

Pain is assessed on admission and assessed/reassessed:
- A minimum of every four hours and as needed per policy.
- Routinely at regular intervals post-operatively/post- procedurally as determined by the operation/procedure and severity of pain, per policy.
- After any known pain-producing event or change in the level of care.
- Along with vital signs, or per unit policy.
- Thirty to sixty minutes after pain relieving intervention, depending on route of administration per policy.
- Any time needed.

Members of the healthcare team should consider and discuss with the patient alternative approaches in response to reports of ineffective pain management including non-pharmacologic strategies, physical modalities (such as turning, massage), relaxation therapy, music therapy, or contacting the physician for additional orders or possible referral.

Patient education includes:
1. Patient's rights/responsibilities regarding pain management.
2. Hospitals commitment to pain management.
3. Importance of reporting pain and early intervention.
4. Pain scale.
5. Alternate pain management options.
6. Name, reason, side effect of medications they are receiving on hard copy.
7. Discharge instructions and information.
8. Opioid education material, as appropriate.

Pain Management Program

Patients come to us in their most vulnerable time of need. Patients fear the unknown and fear being in pain. The goal at LAMC is to respect and support the best possible management of pain.

HOURLY ROUNDING
COMPASSIONATE CARE AROUND THE CLOCK
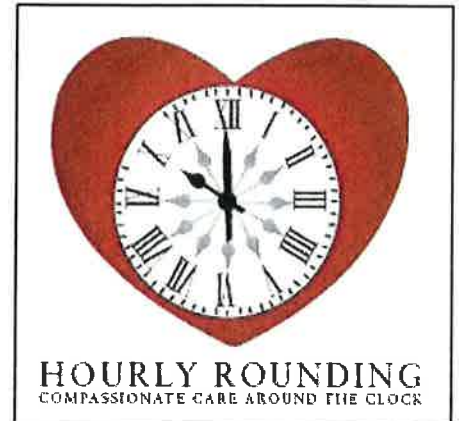
Teaching Tips on Pain Management
➤ Listen to your patients with courtesy and respect.
➤ If the pain medication isn't working, ask the doctor to consider different therapy.
➤ If the pain medication is due, don't wait to offer it.
➤ Try extra comfort measures (repositioning, heat, cold, room temperature, distractions like TV, music, reading materials).
➤ Never ignore or minimize patient's report of pain.
➤ Never let the patient wait for their pain medication.
➤ Medicate (if appropriate) BEFORE change of shift and BEFORE you go on break.
➤ Educate patients who refuse pain medication because of fear of addiction.
➤ Medicate patients before certain activities (i.e. ambulation, working with Physical Therapy).

Fall Prevention

Falls can be a source of serious injuries to patients within healthcare facilities. The ultimate goal of **Los Alamitos Medical Center (LAMC) Fall Prevention effort** is to prevent falls in the first place. Patient assessment of their risk for falling and LAMC's accompanying measures are designed to prevent and /or reduce the number and severity of falls.

LAMC employees shall take steps to reduce the number and severity of patient falls by:

- Preventing patient falls through appropriate assessment using the Morse Fall Scale, communication and proactive intervention.
- Providing appropriate action in the event of a fall including follow-up assessments and documentation.
- Encouraging a multidisciplinary approach to fall prevention

Definitions of a Fall

A fall is defined as an event in which there is uncontrolled, non-purposeful downward displacement of a person's body from a standing, sitting, or lying position. There are different types of falls:

- ➢ **Accidental Fall:** fall that occurs unintentionally (example: slip, trip). Patients at risk for these falls cannot be identified prior to a fall and generally do not score at risk for falling on a predictive instrument.
- ➢ **Unanticipated Physiological Fall:** fall that occurs when the physical cause of the fall is not reflected in the patient's assessed risk factors for falls. These falls are created by conditions that cannot be predicted before their first occurrence (example: seizure, stroke).
- ➢ **Anticipated Physiological Fall:** fall that occurs in patients whose risk factor score indicated the patient is at risk of falling. Controlled sliding down a wall to the ground or utilization of a physiologic structure is considered a fall. These falls are related to existing and previous risk factors.
- ➢ **Intentional Fall:** fall that occurs as a result of a patient who voluntarily alters body position to a lower level.

Los Alamitos Medical Center Fall Prevention effort aims to:

- To protect patients and promote patient safety
- To effectively identify and intervene with patients who are at risk for falling
- To educate patients/families on measures to prevent falls and promote safety.

All LAMC employees are responsible for following the Fall Prevention policy and for providing a safe environment of care. Any LAMC employee, physician, or family member may request that a patient be placed on Fall Precautions.

All patients shall be assessed for risk of falling upon admission, with reassessments routinely performed to determine ongoing need for fall prevention precautions. Each patient will be screened for Fall Risk using the Morse Fall Scale.

Restraints

Los Alamitos Medical Center (LAMC) strives to maintain a "restraint-free" environment for our patients and to identify and implement less restrictive or non-restrictive alternatives whenever feasible. A restraint is any physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his/her arms, legs, body or head freely.

Restraints may be imposed only to ensure immediate physical safety of the patient, staff or others. Patients have the right to be free from restraints. The use of restraints is the last resort only after other clinical interventions have been considered or attempted. Restraint use must be limited to clinically justifiable situations only. Restraints are never used for convenience, punishment, or coercion but are used to protect the patient or other's health and safety while preserving the patient's dignity, rights, and well-being.

Once the patient meets the criteria for release, the restraint is discontinued. The decision to discontinue the intervention must include a determination that the patient's behavior is no longer a threat to himself/herself and/or others. The discontinuation of restraint or seclusion as soon as possible is based on an individualized patient assessment and re-evaluation.

Restraints used may be non-violent or violent. The use of violent restraints is limited to the Emergency Department or the Critical Care Units.

All staff shall complete training for restraint use dependent upon their position. Staff must be able to demonstrate competency in the application of restraints, assessment, and providing care for a patient in a restraint. **Only staff members who have received education and have documented evidence of competency are authorized to apply restraints.** If you need to provide care or service to a patient in restraints, inform and request assistance from the licensed nurse assigned to the patient.

Placing a patient in restraints requires a specific order. As needed (PRN) orders are **not** accepted. The physician's order for restraints must contain specific information and is allowed for a limited period of time, which varies, depending on the type of restraint to be used and patient's age. The physician's order must be filled out correctly, completely, and in a timely manner.

While restraints are being utilized, patients require additional care and monitoring to ensure that their safety and comfort is maintained, and that their basic needs are met. The interdisciplinary plan of care guides practice. The patient's medical record has a specific section to document compliance in providing this care and monitoring.

If a Constant Observer is utilized, the "Constant Observer Flowsheet" must be completed.

End of Life
Care Related to Death and Dying
As healthcare providers we need to examine:
> The physical, psychosocial, and spiritual needs of the patient and family.
>
> Ways to enhance care delivered at this crucial time.

Physical care includes:
> Pain management
>
> Gastrointestinal symptom relief
>
> Respiratory system management
>
> Maintaining skin integrity

Psychosocial care includes:
> Discussing wishes, concerns, and/or needs with BOTH the patient and their loved ones
>
> Providing open, honest communication
>
> Conveying caring, sensitivity, and compassion
>
> Providing information in simple and concise terms
>
> Maintaining a presence (can be more important than words)
>
> Sitting at the patient's bedside
>
> Silence
>
> Active listening
>
> Bereavement tray available to family members during this time through Dietary.

Spiritual care includes:
> Being respectful, open to beliefs and practices that differ from your own
>
> Exploring the meaning of the patient's illness with patient and/or family
>
> Discussing religious preferences/practices
>
> Discussing effect of impending death with patient and/or family
>
> Involving pastoral care
>
> Offering the family a space within the hospital that provides them with privacy
>
> Allowing patient and/or family to convey feelings

Pastoral Services are available at Los Alamitos Medical Center
Pastoral care offers support to patients, their loved ones, and hospital staff.

Employees may volunteer to provide pastoral care at LAMC.

MIND
BODY
SOUL

One Legacy Organ and Tissue Referrals

Los Alamitos Medical Center (LAMC) is required to assist organ and tissue procurement agencies in obtaining needed organ and tissue donors in order to comply with the Center for Medicare/Medicaid Services (CMS) 42 CFR Section 482.45 and California Health and Safety Code (CHSC) Sections 7150-7156, 7180-7182, and 7184.

LAMC must report all deaths through the *One Legacy* Communications Center Calls regarding patients who have suffered cardiac death and are not organ donor candidates are immediately linked to the tissue bank serving LAMC.

ALL DEATHS (cardiac death, brain death, imminent death, or severely brain-injured individual(s) on a ventilator) are considered to be a potential organ and/or tissue donors.

Early Referral of Potential Organ Donors:

- Referral by a hospital for the evaluation of the patient as a potential organ donor any time prior to or within 30 minutes of the time the patient meets the criteria for Imminent Death and prior to any measures taken to decelerate treatment of that patient. (*One Legacy* 1-800-338-6112).
- Donation after cardiac death is defined as patients who are not expected to survive after cessation of life support with an advanced directive or a Physician Orders for Life-Sustaining Treatment paradigm.

Organ, Eye & Tissue Donation Facts

ONE donor can save EIGHT lives through organ donation. A donor can also improve the lives of 50+ others through eye and tissue donation.

22 People die each day awaiting a transplant.

Every 10 MINUTES someone is added to the transplant waiting list.

$0 Cost to donor families.

Be A Hero! Register today at donateLIFEcalifornia.org

Potential Organ/Tissue Donor Evaluation:
- A potential organ donor is any patient reaching imminent death who has no absolute medical contraindications to organ donation.
- The *One Legacy* Organ Procurement Coordinator will evaluate the potential organ donor to determine medical suitability.

Hospital staff/physician(s) is NOT to mention organ donation at this time.

- The *One Legacy* Organ Procurement Coordinator will inform the family of their option to donate organs and/or tissues.
  - Families need time to process information
  - May not be eligible for donation.
  - Perceived conflict of interest.
  - Improved consent rates with trained approach.
  - All attempts will be made to have this discussion in the family's primary language.

Disruptive Provider Behavior

All members of the Medical Staff and Allied Health Professionals ("Providers") are expected to conduct themselves at all times while on Los Alamitos Medical Center's premises in a courteous, professional, respectful, collegial, and cooperative manner. LAMC has a zero tolerance for disruptive behavior.

This applies to interactions and communications with or relating to Medical Staff colleagues, Allied Health Professionals (AHPs), nursing and technical personnel, other caregivers, other LAMC personnel, patients, patients' family members and friends, visitors, and others.

Disruptive behavior is an episode that:
- Interferes with patient care
- Causes distress among staff
- Affects morale within the work environment
- Undermines productivity
- Leads to staff turnover

Examples of Disruptive Behavior:
- Yelling or shouting in a hostile manner
- Name calling, belittling or insulting others
- Throwing things
- Bullying or threatening
- Abusive or rough treatment of staff
- Sexual harassment
- Racial or ethnic slurs

Safety and quality thrive in an environment that supports teamwork and respect for other people, regardless of their position in the hospital or medical staff. Behavior that intimidates others and affects morale or staff turnover undermines a culture of safety and can be harmful to patient care. Unprofessional behavior by Providers is prohibited.

Other examples of Disruptive Behavior:
- Repeated violations of policies or rules
- Refusal to carry out duties or work slowdown
- Uncooperative or defiant approach to problems
- Inappropriate comments in patients' medical records
- Inappropriate response to patients' needs or staff requests

The following steps are taken if disruptive physician behavior is encountered:
1) Reporting incidents to your Supervisor-report up the hospital chain of command
2) Complete an Event/Occurrence Report online (eSRM)
3) Call the Ethics Hotline (1-800-8-ETHICS or 1-800-838-4427)

Complaint & Grievance Process

Los Alamitos Medical Center (LAMC) places a high value on delivering excellent service that is responsive to individual needs. The "Patient Complaints/Grievances" policy provides a mechanism for initiation, review and when possible, prompt resolution of patient complaints concerning the quality of care or service received.

- A **"Complaint"** is an oral or written expression of displeasure or dissatisfaction with service received that can be immediately resolved by the staff present.
- A **"Grievance"** is an oral or written complaint that is not immediately resolved at the time of the complaint by staff present. .

The Hospital's process for managing complaints and grievances incorporates the following objectives:

1. Provide patients with the ability to file a concern or grievance without fear of retaliation and/or barriers to service.
2. Provide patients with information about the mechanism and procedure to use to file a complaint or grievance with the Hospital.
3. Provide a planned, systematic mechanism for receiving and promptly acting upon issues expressed by patients and/or patient representatives.
4. Provide an on-going system for monitoring and trending patient complaints and grievances.
5. Clarify that billing issues are not considered a grievance unless the complaint also contains elements addressing patient service or care issues.

Verbal Complaints and Grievances may be entered on a Complaint–Grievance Form (eSRM) and forwarded to Risk Management. Written grievances are forwarded to Administration and Risk Management within 24 hours.

Complaints/Grievances must be investigated and responded to in a timely manner.

Bioethical Issues / Dilemmas

Definition of Bioethics
The tem "ethical" is used in opinions of the Council on Ethical and Judicial Affairs to refer to matters involving (1) moral principles or practices and (2) matters of social policy involving issues of morality in the practice of medicine.

Examples of areas subject to bioethical analysis include:
- Patient's rights
- Confidentiality
- Consent
- Organ Donation
- Futile care
- Withholding, withdrawing or forgoing life sustaining treatment
- Communication/conflict resolution between family/caregivers

If you feel there is an issue that may be a bioethical concern, please notify the following people as quickly as possible:

Primary Contact
Social Services - ext. 3194

Others who may be contacted:
- Your Director/Supervisor/Manager
- The Director of Case Management
- The Director of Medical Staff Services, ext. 3160
  - This director will organize the Bioethical Committee meeting, if one is needed.
  - The Bioethical Committee is comprised of the Medical Chair, the physician involved in the issue, other medical staff members, a representatives from nursing, case management and clergy (if appropriate).
- The Patient Safety Officer, ext. 3446

Rapid Response Team (RRT)

Los Alamitos Medical Center (LAMC) has a Rapid Response Team (RRT) as part of its effort to provide a culture of quality and safety by focusing on maintaining excellence in performance, while simultaneously saving patients' lives. RRTs have become a widely used patient safety intervention as a result of the Institute for Healthcare Improvement's "100,000 Lives Campaign".

A Rapid Response Team is a group of clinicians that hospital staff can call upon at any time to provide critical care expertise at the bedside of a patient whose condition is deteriorating. LAMC's RRT includes the following:

- o Emergency Response Nurse (Team Leader)
- o Critical Care Nurse (to provide additional support for the Emergency Response Nurse)
- o Respiratory Therapist
- o ECG Tech
- o House Supervisor
- o Charge Nurse for the unit where the patient is assigned.
- o Lab Tech

The use of RRTs can improve the quality of care by reducing cardiac arrests and other acute life-threatening events, decreasing lengths of stay, and reducing patient mortality rates.

When a patient demonstrates signs of imminent clinical deterioration, the Rapid Response Team (RRT) can be called to immediately assess and treat the patient with the goal of preventing intensive care unit transfer, cardiac arrest, or death.

Research consistently shows that patients exhibit signs and symptoms of deterioration for several hours prior to a code. These symptoms include changes in vital signs, mental status, and lab markers. The goal of a RRT is to intervene upstream from a potential code. They reach the patient *before* deterioration turns into crisis. This is different from the "code blue" teams, which are summoned after cardiopulmonary arrest occurs, RRTs are designed to intervene during this critical period, usually on patients on medical or surgical wards. Hospitals using RRTs typically observe reductions in the number of cardiac arrests, unplanned transfers to the ICU, and overall mortality rate.

Any Los Alamitos Medical Center employee, patient, family member or physician may activate the RRT. Families will be instructed to immediately call the charge nurse and/or patient nurse to assess the patient if they have concerns. Staff contacts the hospital operator by dialing "7", and requests to page the RRT. The caller should say "Rapid Response" to the patient's location.

It's as easy as 1 2 3

1 *When to call a RRT:*
When a patient has an acute change in condition, appears to be in distress, and/or you have a gut feeling that the patient is not doing well.

2 *How to call a RRT:*
Dial "7" and tell the operator "Rapid Response to (patient's location such as room 217, main lobby, etc).

3 *What to do after calling a RRT:*
Stay with the patient until the RRT arrive if you are not the primary nurse of the patient.
If you are the primary nurse of the patient, stay with the patient and RRT to answer any questions the RRT may have about the patient.

STROKE IS AN EMERGENCY

When every minute counts, make sure you can recognize the signs of stroke with:

B E F A S T

B	**Balance Lost**	Sudden loss of balance or coordination
E	**Eyes Blur**	Sudden trouble seeing or blurred vision in one or both eyes
F	**Facial Drooping**	Suddenly one side of the face droops or is numb
A	**Arm Weakness**	Sudden weakness or numbness of an arm or leg, especially on one side of the body
S	**Speech Difficulty**	Sudden confusion, trouble speaking or understanding speech
T	**Time**	**Call 911 immediately** *Note the time the symptoms started

Chain of Command to Obtain Medical Care for Patients

When Underline Urgent care is needed:

Call MD every 15 minutes X 2

If no reply in 30 mins then notify Supervisor **

Complete eSRM report

**Steps Supervisor will follow to obtain URGENT Medical Care:
1. Call MD's personal number
2. Call another MD from medical group practice
3. Call "covering" physician
4. Call the Chair of the Department
5. Call the Chief of Staff and notify Hospital Administrator on call.

Chain of Command to Obtain Medical Care for Patients

If *Non-Urgent Care is needed:*

Call Provider every hour x 3 hours

If no reply, then notify Supervisor

Complete eSRM report
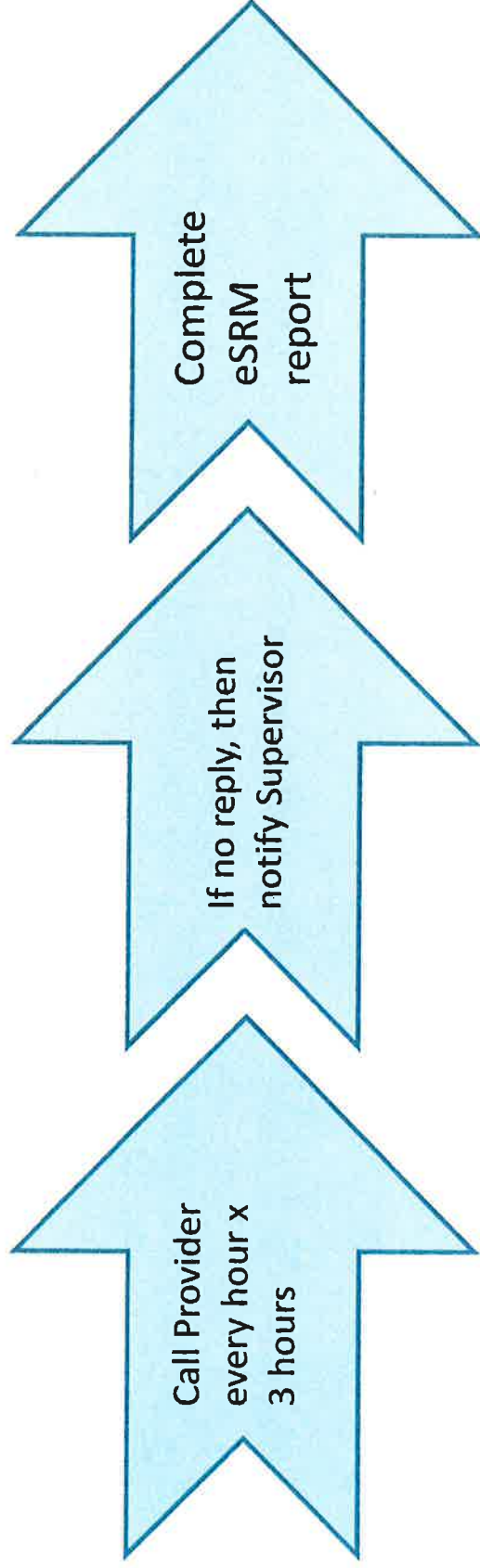
Patient Medical Safety

The Joint Commission (TJC) set standards for patient safety.
Patient safety is everyone's concern. Medical errors of all types can be reduced or eliminated. While no one is perfect, communication and processes can be put in place to help everyone learn from past mistakes and improve patient safety.

Communication and cooperation makes all the difference! By working together, Individual's and departments can help ensure that patient safety comes first.

What are medical errors?
Medical errors are any type of diagnostic or treatment related errors that cause, or could cause, harm to patients. Medical errors can result in:
- Serious physical problems for patients. In some cases, errors can cause death.
- Emotional trauma for staff, patients, and their families.
- Loss of trust in the hospital and in the healthcare system in general. This contributes to higher costs for malpractice insurance and legal counsel.

Involve the patient in their care to reduce errors. Patient communication and teaching is so important! Healthcare workers need to communicate with patients and help them understand their treatment plans. Compliance can be difficult due to language barriers, low literacy, poor eyesight, and/or cultural beliefs. You can help by:
- Providing simple, easy-to-read treatment information.
- Using teaching materials for people who don't read well (i.e. pictures, colors).
- Using the interpretation services systems when interpretation is needed with culturally/language specific educational materials.
- Taking an active role communicating with patients and family members and encourage them to ask questions and discuss concerns at every step along the way.

Patients and their family members should be included as active partners in their care, aiding in identification of self, of the right drug or treatment, of the presence of allergies or contraindications and appropriate timing of medications or treatments.

Communicating and educating patients and their family members about what to expect in the hospital adds a layer to the safety effort. The key to involving patients in their own safety is communication:
1. Teach patients and their family members the questions they should ask about healthcare.
2. Make patients and their family members comfortable asking those questions.
3. Utilize "Ask 3, Teach 3" techniques to reinforce patient education.

Everyone has a role! Medical errors can be prevented when people:
- Communicate and work together across departments. **EVERYONE** needs to pitch in.
   - Utilize SBAR {Situation, Background, Assessment, Recommendation} which is a technique to help standardize communication among about a patient's condition.
      - Situation – the problem.
      - Background – brief, related, to the point.
      - Assessment – what you found, what you think.
      - Recommendation – what you want or what patient needs.

When errors are made:
- Any hospital staff member who witnesses, discovers or has direct involvement in and/or knowledge of a reportable event **must** complete an eSRM no later than 24 hours after the event/incident.
- When completing the incident/error report via eSRM, do not include:
   - Abbreviations
   - Rambling dialogue - be thorough and concise
   - Falsification of facts to cover up the details of the event.
   - Insinuations of incompetency.

- o Negative or biased comments about the patient or their family.
- o Rumors
- Immediately escalate pertinent information to appropriate parties.
- It is extremely important for staff to communicate and report **actual AND potential errors.** This is a crucial party of prevention of future mistakes. When completing the report via eSRM, include your opinion regarding why or how you think the error occurred. State what processes were involved and what was the weak or missing link.
- Communicate suggestions as to how the system can be improved/modified or how performance can be improved to reduce the risk of a similar mistakes from happening again.
- Identification of errors is not about blame. It is about seeing how systems and processes can be improved.
- Set goals. Eliminating medical errors is a challenge, but it can be done!
- Focus on systems. This means communicating about and improving procedures to help prevent mistakes.
- Timely communication and reporting makes it easier to determine what went wrong or what could have gone wrong (because the event is still fresh in people's minds

THINK
MEDICAL ERRORS
ARE
AVOIDABLE

Remember, communication and cooperation between everyone makes all the difference. *Let's communicate safely!*

Patient Safety Plan

Patients have a right to a safe environment and LAMC is committed to undertaking a proactive approach to maintaining patient safety.

The purpose of the Patient Safety Plan is to improve the quality of care at LAMC by promoting evidence-based best practices that improve patient safety, reduce risk, and ensure compliance with regulatory requirements.

Effective reduction of errors and other factors that contribute to unintended adverse patient outcomes requires an environment in which patients, their families, and organizational leaders can identify and manage actual and potential risks to patient safety.

The Patient Safety Plan provides a systematic, coordinated, and continuous approach to the maintenance and improvement of patient safety.

Improving patient safety and reducing errors requires a coordinated approach by **everyone at LAMC.** The Patient Safety Plan is integrated throughout the organization through:

- Information Management
- Risk Management
- Human Resources and Education
- Infection Prevention
- Safe Medication Practices
- Patient and Family Education

SAFETY
IS A
TEAM GOAL

Patient Band Descriptions

The following are the patient identification bands used at LAMC.
Do not write on them.

Color band	Use
Name band	Name band for all admitted patients; used for identification and scanning **White**
ALLERGY	Indicates any allergy (food, medication, environmental) other than latex **Red**
FALL RISK	Placed on all patients at risk of falling **Yellow**
LATEX ALLERGY	Latex allergy only **Green**
LIMB ALERT	"Do not use" for blood draws, IV starts, blood pressures, etc. **Pink**
Cut this band when packing removed	Retained sponges post procedure – document location **Aqua**

Performance Improvement Plan (PIP)

Los Alamitos Medical Center (LAMC) is committed to continuously improving performance and patient care outcomes. The PIP provides a culture of quality and safety by focusing on maintaining excellence in performance. LAMC will accomplish this through a proactive, non-punitive culture that is monitored through reporting systems and improvement initiatives.

The objectives of the PIP is to utilize an approach to improving performance, which includes total involvement, systematic support, key measurement, customer focus, and continuous performance improvement. The goals of the PIP include:

1. Define a systematic approach to process design, performance measurement, and improvement that is communicated to all levels.
2. Foster and promote a collaborative team approach.
3. Meet/exceed the needs and expectations of our key customers.
4. Establish baseline performance expectations to guide measurement and assessment of Performance Improvement activities.
5. Ensure compliance with Title 22, CMS Conditions of Participation, The Joint Commission (TJC) standards, DNV Stroke standards and other regulatory requirements.
6. Focus on improving patient safety and reducing patient harm by all who work at LAMC to promote an organization of high reliability.

Everyone is involved in Performance Improvement. Suggestions from LAMC employees for improvement are important! LAMC encourages employee participation on committees and teams that improve care and services.

LAMC's Performance Improvement initiatives include:
- Patient identification
- Communication - list of approved abbreviations, the need to read back all verbal orders for validation, timeliness of stat orders
- Improve the safety of high alert medications
- Eliminate wrong site, wrong patient, wrong procedure
- Improve the safety of using infusion pumps
- Infection Control
- Medication along the continuum of care
- Fall Prevention
- Other initiatives that follow National patient Safety Guidelines (NPSGs), as well as other national based standards.

The effective performance of these systems will result in a culture in which safety and quality are priorities.

The framework/model used at LAMC for Performance Improvement is the "Plan–Do–Check–Act" (PDCA) Cycle.

Regulatory agencies such as the Department of Public Health, TJC, and other federal and state groups look for use of data to improve outcomes. Hospital wide measures and department specific monitoring is ongoing.

The Risk Management Program is a process designed to:
- Identify areas that need evaluation.
- Identify processes to improve and prevent injuries to employees, patients, visitors and physicians in the hospital.
- Control any claims for compensation due to injury, loss of property or dissatisfaction with services.
- Assure participation of all employees.

The Hospital Consumer Assessment of Healthcare Providers and Systems

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a patient satisfaction survey required by the Centers for Medicare and Medicaid Services (CMS).

HCAHPS is used to measure patients' opinions of their hospital stay. HCAHPS created a national standard for collecting and publicly reporting information that allows comparisons to be made of hospitals to support consumer choice.

HCAHPS is a standardized survey and data collection methodology that has been used since 2006. The survey measures patient's perspective of the hospital care they received.

The LAMC team is measured and held accountable:
- Doctor Communication – respect, listening skills, and communication ability of doctors.
- Nurse Communications - respect, listening skills, and communication ability of doctors.
- Staff Responsiveness - answering call bells and staff responding to toilet needs.
- Hospital Environment - cleanliness and quietness of the hospital.
- Pain Management - How often did the staff talk with you how to treat your pain".
- Medication Communication - explaining medications to patients, including their side effects. "Ask 3/Teach 3 Program" to provide education to patients about medications.
- Discharge Information - preparing patients to leave the hospital and provide written health information.
- Care Transition - taking into account the patient's healthcare preferences and are they able to understand their responsibility in managing their health as well as their medications.
- Rating and Recommendations

The LAMC team provides excellent service by using **A.I.D.E.T.**

   A - Acknowledge
   I - Introduce
   D - Duration
   E - Explanation
   T - Thank You.

A	Acknowledge	*Benefit:* Increase safety and Patient loyalty *Key message to patient:* "You are important."
I	Introduce	*Benefit:* Decrease anxiety *Key message to patient:* "You are in good hands."
D	Duration	*Benefit:* Increase compliance *Key message to patient:* "I anticipate your concerns."
E	Explain	*Benefit:* Increase quality of experience *Key message to patient:* "I want you to be informed and comfortable."
T	Thanks	*Benefit:* Increase patient loyalty *Key message to patient:* "I appreciate the opportunity to care for you."

The LAMC team provides excellent service by using **quietness.**

- Quiet Time: 2:00pm- 4:00pm
- Tea and Tuck at 8:00pm
- Respiratory rounds before 9:00pm
- Cell phone and pagers always set to vibrate and cell phone policy followed.
- Spectra Links set to soft tone or vibrate.
- Overhead paging limited to Emergency Codes and physician notification.
- Equipment alarms are acknowledged ASAP by all staff.
- Avoid turning on room lights.
- Close room doors when possible.

The LAMC team provides excellent service by using **Healthy Healing.**

- Patient thank you cards.
- "WE Promise" cards.
- Physical Therapy and Nursing emphasis on early mobility.
- Pharmacy - when possible, antibiotics are not given during rest times.
- Respiratory rounding to occur before medication rounds.

AIDET

AIDET is a communication style that is utilized at Los Alamitos Medical Center to reflect basic fundamentals of service and quality and is a differentiating factor when comparing organizations.

This **AIDET** style of communication keeps patients informed, helps alleviate fear and anxiety, positions the hospital as a quality organization, and reflects compassion, respect, and dignity in all interactions.

AIDET is an acronym that describes the dimensions of this communication style.

A=Acknowledge

Make eye contact, smile, and greet them with a pleasant manner. Try to address the patient by name.

I=Introduce

Introduce yourself by saying who you are, what department you are from, and the purpose of the interaction.

D =Duration

Remember to keep patients and family informed about time expectations. For example: wait times, physician rounds, pain management, meal delivery.

E =Expectation

Be clear on what the patient or family should expect. Be willing to answer questions they may have. Educate and keep the patient informed. Always ask if they have any questions.

T =Thank you

Take time to always thank the patients and their family members for their time, patience, and cooperation. Be respectful and courteous during the closure of the conversation. Thank the patient and their family for choosing Los Alamitos Medical Center.
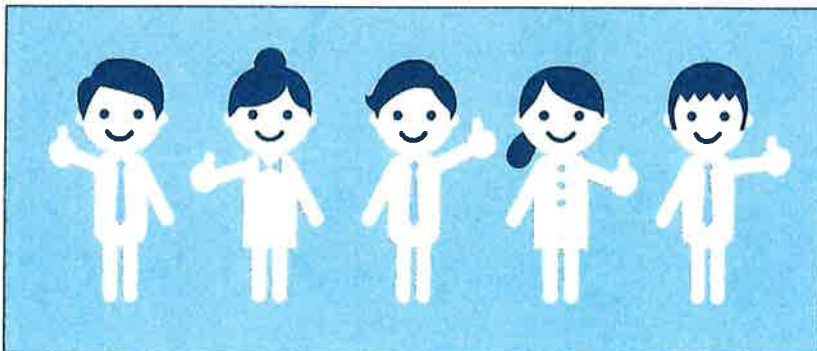
Regulatory Agencies and Core Measures

Regulation plays a major role in the health care industry and health care insurance coverage. Various regulatory bodies protect the public from a number of health risks and provide numerous programs for public health and welfare. Together, these regulatory agencies protect and regulate public health at every level.

Health care regulations are developed and implemented not only by all levels of government (federal, state and local) but by private organizations as well. Health care regulations and standards are necessary to ensure compliance and to provide safe health care to every individual who accesses the system.

Health care regulatory agencies monitor practitioners and facilities (i.e. hospitals), promote safety, provide information about industry changes and ensure legal compliance and quality services. Federal, state, and local regulatory agencies often establish rules and regulations for the health care industry, and their oversight is mandatory.

Examples of regulatory agencies include:

- **California Department of Public Health (CDPH)** provides hospital licensure and is the administrative agency of the state that enforces CA healthcare regulations such as Title XXII and the Health & Safety Code.

- **The Center for Medicare and Medicaid Services (CMS)** is a federal agency within the United States Department of Health and Human Services (HHS) which works in partnership with state governments to administer Medicare and Medicaid programs.

  - CMS develops Conditions of Participation that are health and safety standards for improving quality and protecting the health and safety of beneficiaries (i.e. patients).
  - Health care organizations, such as LAMC, are required to meet the Conditions of Participation in order to receive Medicare and Medicaid funds.

- **The Joint Commission (TJC)** is a health care accreditation organization.
  - **TJC Accreditation** means that the facility has received the "Gold Seal of Approval" and that the facility is meeting the most rigorous standards of care.

  - **Unannounced Surveys** require no advance notification and occurs every three years for the hospital and every two years for the lab.
  - **Intra-cycle Monitoring** are interim surveys that occur annually and are announced for those years where there is no unannounced survey.
  - **Tracer Methodology** – conducted directly by surveyors in patient care units within the hospital.
    - Surveyors directly observe caregivers and often ask staff for information by asking questions related to TJC's Standards of Care and National Patient Safety Goals.

What are Core Measures?

- Core Measures are evidence-based standards of care established by TJC and CMS.
- Core Measures are national standardized processes that represent best clinical practice for some of the most common disease processes and health events that Americans face today.
- Core Measures are specific steps for each condition that are designed to provide the right care at the right time for common conditions such as stroke or sepsis.
- Los Alamitos Medical Center reports Core Measure data on:
  - Stroke
  - Sepsis
  - Emergency Department throughput
  - Outpatient colonoscopy
- U.S. hospitals must report their compliance with these Core Measures to TJC, CMS, and other agencies.

Why should LAMC employees care about Core Measures?

- The Core Measure processes are proven standards of care that reduce complications and lead to better patient outcomes.
- Health organizations' reimbursement is tied to scores on Core Measures. This is one manifestation of the "pay for performance" movement in U.S. healthcare.
- Patients and families can use Core Measure performance to objectively compare hospitals locally or nationally.
- Organizations who score poorly on Core Measures may not only be denied reimbursement, but may also lose business from patients and referring physicians who are reluctant to visit organizations with poor Core Measure scores.
- Certain Core Measures are incorporated into Value Based Purchasing where hospital reimbursement is dependent on performance. Value Based Purchasing includes performance with patient satisfaction and outcomes such as mortality. 30 day readmissions are also tied into hospital reimbursement for the AMI, CHF, and PN populations.

Ensuring that patients always receive recommended Core Measure treatments requires a well-coordinated effort throughout hospital departments.

Los Alamitos Medical Center is licensed by the State of California and accredited by The Joint Commission. If you have any concerns or issues regarding quality, safety-of-care or safety of the hospital environment, please contact The Joint Commission at:

The Joint Commission

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Phone: (630) 792-5005
Fax: (630) 792-5636
customerservice@jointcommission.org

2022 Hospital National Patient Safety Goals

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

Identify patients correctly

NPSG.01.01.01

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 correct medicine and treatment.

Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Identify patient safety risks

NPSG.15.01.01

Reduce the risk for suicide.

Prevent mistakes in surgery

UP.01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01

Pause before the surgery to make sure that a mistake is not being made.

The Joint Commission

Fire Safety Plan

The Fire Safety Management Plan provides guidelines for the establishment of policies, procedures, and protocols necessary to provide a fire-safe environment.
Fire Drills are conducted regularly during all shifts per policy.

Responding to Fire Alarm (CODE RED)

If your area is above, below, or adjacent to the point of origin, respond to the fire alarm by:

1. Closing all doors.
2. Remove items from the corridors.
3. Ask patients to return to their rooms.
4. Remind patients and visitors not to use elevators.
5. Listen for overhead pages for status of situation.

If you discover smoke, fire, or the alarm system is activated in your immediate area, the appropriate response will best be remembered by using the acronym **R.A.C.E.**

R - Rescue

Remove people

- Remove anyone in immediate danger and move them to a safe area. This may be a patient, visitor, or employee. Do **not** use the elevators.

A - Alarm

Sound and Report the Alarm

- Sound- Go to the nearest pull station and activate the fire alarm.
- This notifies the Fire Department and mobilizes the Fire Response.
- Report- Dial "7" to notify the operator of the location of the fire. The operator will then overhead page "**CODE <<RED>>, Area, and Location**".

C - Confine

Secure the Area

- Close all doors and windows
- Remove all items from the corridors

E - Evacuate/ Extinguish

Attempt to extinguish fire

- Evacuation will not take place until directed by the Incident Commander and/or Fire Department. At any time, when several patients are in immediate danger, moving them to a safer area can be done without these approvals.
- Fight the fire only if you are not placing yourself in danger.

It is important to know the location of the closest fire extinguisher to your workstation. Know where the fire alarms are located in your work area and how to activate them.

Try to keep in mind that the greatest danger in most fires is when people panic. Remember that our patients will look up to LAMC staff for protection. Do not alarm people by making excited motions and never shout "fire".

Fire extinguishers are classified according to the material burning. Fire extinguishers are coded to reflect the type of fire they can put out. The classifications are:

- ➤ Class A: ordinary combustible material (i.e. paper, cloth, wood and some plastics)
- ➤ Class B: liquids, oil and gases
- ➤ Class C: electrical (i.e. live energized electrical equipment)
- ➤ Class ABC: extinguishes all fires.

USE OF FIRE EXTINGUISHER - Use the **P.A.S.S.** method to extinguish the fire:

Pull   the pin on the extinguisher.

Aim   the extinguisher nozzle at the base of the flames.

Squeeze   the handle to discharge the extinguisher. Squeeze the handle as the contents are under pressure.

Sweep   from side to side at the base of the fire. Remember that the extinguisher will empty quickly. Do not waste the extinguishing agent.

Help prevent fires by making a habit of watching for fire hazards and removing them, if safe to do so. If the fire hazard is unsafe, contact Engineering and/or Security, dependent upon the type of hazard.

Always be prepared in these manners:
- Know the exits- do not use elevators in the event of fire.
- Do not post paper signs in areas other than bulletin boards located in non-patient care areas.
- Keep hallways clear- place equipment only on one side of hallway.
- Do not block exits, fire alarms, or prop doors open.
- Do not store supplies or boxes on floor.
- Keep items on top shelves at least 18 inched form ceiling.

Life Safety Measures
In the event you conduct a partial or total building evacuation, know where your designated evacuation location is on the exterior of the building. The priority of patient evacuation is as follows:
1. Anyone in immediate danger.
2. Ambulatory patients.
3. Semi-ambulatory patients.
4. Non-ambulatory patients.

Be sure to turn off "non-essential" equipment and place all equipment in their proper holsters if moving.

Oxygen Shutoff
When a fire occurs, oxygen in the affected area may need to be shut off to prevent the fire from spreading. Oxygen rich environments in the hospital are equipped with "zone shut-off valves" which will shut off oxygen only to the areas indicated on the label on the valve.

In an emergent or non-emergent situation, the house Supervisor, Director of Respiratory, or engineer are authorized to turn oxygen off.

Management of the Environment of Care (EOC)
The goal of the EOC is to provide a safe, functional, supportive, and effective environment for patients, employees, physicians, volunteers and visitors in the hospital.

Environment of Care Committee
The EOC committee is a standing, multi-disciplinary, hospital-wide committee appointed by the Chief Executive Officer. The purpose of the EOC Committee is to monitor and evaluate the activities of the hospital-wide safety/risk management program.
1. Emergency Management
2. Safety Management
3. Utilities Management
4. Hazardous Materials and Waste Management

5. Security Management
6. Fire Safety Management
7. Equipment Management

Each of the above EOC plans can be found in each Unit's Red Safety Manual.

Safety Management Plan

The Safety Management Plan is an organization-wide plan designed to provide a safe environment for patients, physicians, employees, volunteers and visitors.

Safety Officer

The Environment of Care safety officers are the Manager of Environment of Care the Patient Safety Officer.

Emergency Operations Plan

An Emergency Management Program has been developed, implemented and maintained to assure the readiness and preparedness of staff, equipment, supplies and facilities in the event of an unexpected emergency. The Emergency Management Program contains elements of education, training, and staff knowledge associated with specific requirements and applications.

Emergency Hotline – Dial "7"

Refer to appropriate policy on PolicyStat in the event requiring immediate action.

EMERGENCY CODES

CODE RED → Fire or smoke in any area

CODE BLUE → Adult medical emergency

CODE WHITE → Child medical emergency

CODE PINK → Infant Abduction

CODE PURPLE → Child Abduction

CODE YELLOW → Bomb threat

CODE GRAY → Combative person

CODE SILVER → Person with a weapon or hostage situation

CODE ORANGE → Hazard material or chemical spill

CODE 59 → Confirmed STEMI incoming to ED.

CODE RAPID RESPONSE → Unstable patient, immediate response by appropriate personnel.

CODE 44 → Full Cardiac Arrest coming into ED with EMT/ambulance.

CODE STROKE → Acute Stroke, immediate response by appropriate personnel.

CODE CERNER/PHARMACY ALL CLEAR → Down time complete, may start electronic charting.

CODE TRIAGE *INTERNAL*/ CODE TRIAGE *EXTERNAL*

The Emergency Preparedness Plan is activated by an overhead page when circumstances warrant.

"CODE TRIAGE INTERNAL/EXTERNAL" Employee Response

Once the overhead page for "Code Triage Internal or External" is announced, the following guidelines are in effect:

- The Safety Officer is the Incident Commander except during weekends, holidays, and night shift in which case the House Supervisor is the Incident Commander.
- All breaks/meals are immediately cancelled unless approved by the Incident Commander.
- Personnel completing their shifts are not to leave until the alert is over or until given permission by their supervisor.

- ALL PERSONNEL shall immediately report to their department for assignment. Department authority or representative is to report to the Incident Command Center located in LAMC's library or other designated area.
- All personnel should refrain from using the telephone and paging system except for disaster related communications and emergencies.
- ALL DEPARTMENTS shall determine how many staff can be spared.
- The Labor Pool will contact each department if additional staffing for the pool becomes necessary.
- Internal disaster such as major fire, partial building collapse, large chemical spill, or when LAMC patient load exceeds capacity.
- External disaster such as earthquake, transportation system event, or a community-wide disaster

Radiation Safety

Radiation is invisible, measureable, dangerous, lifesaving, causes and cures cancer. At LAMC, sources of radiation can be found in the portable x-rays done throughout the hospital with higher doses typically found in Diagnostic Imaging, OR, and the Med 1 Unit. LAMC has a Radiation Safety Officer.

The Radiation Safety Committee is responsible for:
1. Ensuring that licensed material will be used safely. This includes review as necessary of training programs, equipment, facility supplies, and procedures.
2. Ensuring that licensed material is used in compliance with the Nuclear Regulatory Commission (NRC) and State regulations and the institutional license.
3. Ensuring that the use of licensed material is consistent with the As Low As Reasonably Achievable (ALARA) philosophy and program.
4. Establishing a table of investigational levels for individual occupational radiation exposures.
5. Identifying program problems and solutions.

During a portable x-ray, all visitors and/or non-essential personnel are to leave the area during the procedure. Otherwise, a safe distance from the radiation main beam during a portable x-ray exposure is **6 feet.**

Electrical Safety

Electricity powers much of the equipment used within a hospital. If electricity is not used safely it can cause injury, disability or even death. Dangers associated with the use of electricity include:
- Electric shock
- Fire
- Explosion
- Burns

Remember to protect yourself, your patients, and your co-workers and put these safety measures into daily practice:
- Regularly inspect your work area and electrical equipment for hazards such as frayed electrical cords or exposure to liquids. Keep all electrical cords and equipment away from heat and water.
- Never disconnect an electrical appliance by pulling the cord. Remove by pulling the plug at its base from the wall outlet.
- Make sure the electrical cords and plugs have intact insulation and protect them from damage. Discontinue use of equipment that has any wire or power cord that shows fraying, extreme wear, cut in insulation or evidence of burning. Equipment removed from use must be reported to Engineering Department.
- Use ONLY 3-prong plugs.
- Always send any electrical equipment that has been dropped to be checked, even if it doesn't appear damaged. Electrical equipment used for patient care or medical equipment, such as

ventilators, is maintained by the Biomedical Department. All other electrical equipment is maintained by Engineering.

- Extension cords are used ONLY in emergencies.
- In the event of a power outage, used **RED** wall sockets. Essential life support equipment should be connected to these outlets even for routine use, in the event of a power outage.
- All electrical devices brought into the facility (by staff, patients or visitors) except personal wireless communication devices (i.e. cell phones, laptops, iPads) must be checked by the engineering department before being used.

Utilities Management Plan

The objective of the Utilities Management Plan is to establish, maintain and continually provide a reliable program to promote a safe, controlled and comfortable environment of care for patients, visitors, and hospital personnel. The plan provides for the assessment and minimization of risks of utility failures and to ensure the operational reliability of the utility systems. Any disruption to utility services must be reported to the Engineering Department immediately.

- Continuous surveillance of all utility systems through a systematic program of preventative and corrective maintenance.
- Labeling and instructions for use of shutdown controls.
- Reporting process for utility system problems, failures and user errors.
- Maintain electrical distribution, HVAC, medical gases, plumbing and communications in a safe operating manner.

Utilities are systems considered to be critically necessary to support safe reliable treatment, diagnosis, or monitoring of patients in a safe, controlled, and comfortable work environment for employees, volunteers, and medical staff.

Back-up Water Supply Options

The Materials Management Storeroom maintains an ample supply of water, including one and five gallon bottles of drinking water.

Back-up Systems for Loss of External Power

LAMC has two back-up generators and three portable ones stored in disaster lockers. Emergency back-up generators have the capability of supplying power indefinitely, as long as diesel fuel can be obtained for refueling.

Back-up for Internal Telephone Systems

In the event of a power failure, the telephone system is supported by the emergency generator.

- In the event of complete outside telephone failure, two-way radios and/or messengers will be utilized for communication with emergency services and medical staff in the community.

Equipment Management Plan

The objectives of the Equipment Management Plan are to develop, implement and maintain a Medical Equipment Management Program that ensures the operational reliability of all patient-related medical equipment and to assess special risks and/or failures in a rapid and effective manner. All equipment needs to be inspected by the Bio-Medical Department prior to using.

Equipment Management Plan Implementation

Assessing and minimizing clinical and physical risks of equipment use through inspection, testing and maintenance

- Reporting and investigating equipment management problems, failures and user errors.
- Establishing criteria for identifying, evaluating, and taking inventory of medical equipment to be included in the management program before the equipment is used.

Defective Biomedical Equipment

All staff shall immediately report equipment malfunctions, user errors, and damaged equipment to the Bio-Medical Department.
- Defective equipment shall be immediately tagged by the user as "defective – do not use".
- Equipment involved in a negative patient outcome shall be tagged and secured pending a third party review.
- All staff shall open a ticket for repair describing the specific issue.

Preventive Maintenance

All Bio-Medical equipment is placed on a cyclical Preventive Maintenance (P.M.) schedule. Each piece of equipment is labeled with a P.M. sticker, which denotes the date the next preventive maintenance is to be performed. If equipment is found with an outdated P.M. sticker, the Bio-Medical department shall be notified. Do not use outdated equipment.

Know who to call for electrical safety checks on all rented, leased, or borrowed equipment. The Bio-Medical Department can be reached at ext. 3175 (3154 after hours) and Engineering at ext. 4830.

Security Management Plan

The objective of the Security Management Plan is to establish and maintain a security program designed to protect staff, patients and visitors from harm. The primary purpose of the plan is to maintain a social order within prescribed ethical and constitutional limits. The Security Management Rules and Regulations comply with all applicable law with recognition of both the statutory and judicial limitations of hospital security authority and the constitutional rights of all people.

Security is **everyone's** concern. LAMC employees are the eyes and ears of the campus. Three ways to promote safety/security at Los Alamitos Medical Center are:
1. Report any unsafe or unusual activities.
2. Always wear your employee ID badge.
3. Educate yourself and stay current on safety requirements for your job.

Identification

- Hospital staff are identified with picture ID badges issued by the Human Resources Department. Per TJC, ID badges must be visible at or above waist height.
- All contract staff, except engineering contractors, are required to wear picture badges issued through their employer.
- All visitors must check- in at the front lobby or ED lobby and wear a visitor badge.
- Vendor representatives must wear temporary identification obtained via "RepTrax" system.
- Patients are identified by means of wrist bands issued at time of admission. The band must be used as a "patient identifier" denoting the patient name, birthdate and medical record number prior to any procedure, diagnostic test or administration of medication or blood products.

NOTICE
ALL EMPLOYEES AND VISITORS MUST WEAR
IDENTIFICATION BADGES

Security Sensitive Areas

Appropriate access control shall be established in security sensitive areas. Areas that have been identified as security sensitive include:

- Emergency Department
- Pharmacy
- Medical Records
- Rooftop
- Mechanical/Equipment Rooms
- Selected Perimeter Doors
- Operating Room

Controls used for these areas include magnetic door locks, high security locks and regulated key distribution.

Code Pink/Purple

If a child is reported missing, it is important to call a Code Pink/Purple immediately. This increases the chance of locating the child and decreases the chance of the leaving the property either on their own or due to another person.

Code Gray

When a combative situation is identified where there is a potential risk of physical harm to staff, visitors or patients, dial " 7 " and request a Code Gray to the location.

Code Silver - Armed Assailant Policy

Code Silver is announced in response to an armed individual who possess an immediate threat to personnel or patients.

Code Yellow- Bomb Threat

- Keep the caller on the phone and get as much information as possible (location, device, type)

Hazard Communication Program

Hazard Surveillance

The Federal Occupational Safety and Health Act (OSHA), and California's "Right to Know" law requires to all workers to know how to deal with hazardous materials and employee safety.
Under the "Right to Know" requirements, employees working in a healthcare environment have a "Right to Know":

- What chemical hazards exist in the facility.
- What their exposure potential may be.
- What precautions have been taken to protect the employee.
- What "work practice controls" are in place to protect workers.
- What systems are in place (engineering controls) to limit exposure.
- Phat personal protective equipment (PPE) has been provided.

Employees are responsible to:

- Understand and comply with hospital policies and procedures related to hazardous material safety.
- Use the Haz-Mat spill cart located next to the morgue when handling hazardous substances.
- Use the PPE provided when handling hazardous substances.
- Report unsafe or hazardous situations.
- Report and document accidents, incidents, exposures and spills.
- Understand where to find and how to read SDS.

A hazardous material is any substance or mixture of substances having properties capable of producing adverse effects on the health or safety of a person. Examples include:

- Chemicals.
- Radioactive materials.
- Medical Compressed Gases.
- Cleaning agents (such as bleach and other cleaning products).

Hazardous Materials & Waste Management Plan

The Hazardous Materials & Waste Management Plan describes how the organization will establish and maintain a program to safely control hazardous materials and waste.

Safety Data Sheets (SDS) are created by the manufacturer or supplier of a material or chemical product to provide information about its proper usage. A Safety Data Sheet provides information to the user about a product's material or chemical properties. A **Safety Data Sheet** contains:

- Product name on label, chemical and common name(s) of ingredients determined to be health hazards, and which comprise 1% or greater of the composition, except carcinogens which are listed if the concentrations are 0.1% or greater.
- Chemical and common name(s) of all ingredients determined to present a physical hazard when present in the mixture.
- Relevant physical and chemical characteristics of the hazardous chemical (such as vapor pressure, flash point).
- Emergency and first aid procedures.
- Date SDS was created or the date of last revision.
  - Relevant health hazards, including signs and symptoms of exposure, and any medical conditions generally recognized as being aggravated by exposure to the chemical.
  - Primary route(s) of entry into the body OSHA permissible exposure limit and ACGIH Threshold Limit Value. Additional applicable exposure limits may be listed.
- Statement of listing of hazardous chemical in the National Toxicology Program (NTP) Annual Report on Carcinogens (latest edition) or International Agency for Research on Cancer (IARC) Monographs (latest edition) or by OSHA.
- Precautions for safe handling/use, including appropriate hygienic practices, protective measures during repair and maintenance of contaminated equipment, and procedures for clean-up of spills or leaks.
- Appropriate control measures, such as engineering controls, work practices, or personal protective equipment.
- Name, address and telephone number of the chemical manufacturer, importer, employer, or other responsible party preparing or distributing the SDS who can provide additional information on the hazardous chemical and appropriate emergency procedures, when necessary.

Where to find SDS:
You can call (800) 451-8346 or go online. The online MSDS can be accessed by logging onto:

> www.3Eeonline.com (or use desktop icon)
> Username: losalamitos
> Password: MSDS

In the event of a spill "Code Orange":
- Call "7" and give the PBX operator the following information:
  - Your name
  - Exact location of spill
  - Type of chemical involved, if you know.

IMPORTANT: Any occurrence involving an exposure or spill must be reported using eSRM.

OSHA® QUICK CARD™

Hazard Communication Standard Pictogram

The Hazard Communication Standard (HCS) requires pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.

HCS Pictograms and Hazards

Health Hazard	Flame	Exclamation Mark
• Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity	• Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides	• Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non-Mandatory)
Gas Cylinder	**Corrosion**	**Exploding Bomb**
• Gases Under Pressure	• Skin Corrosion/ Burns • Eye Damage • Corrosive to Metals	• Explosives • Self-Reactives • Organic Peroxides
Flame Over Circle	**Environment** (Non-Mandatory)	**Skull and Crossbones**
• Oxidizers	• Aquatic Toxicity	• Acute Toxicity (fatal or toxic)

For more information:

OSHA® Occupational Safety and Health Administration

www.osha.gov   (800) 321-OSHA (6742)

OSHA 3491-01R 2016

OSHA® DATOS RÁPIDOS

Pictograma para la norma sobre la comunicación de peligros

A partir del 1.° de junio de 2015, la norma de comunicación de peligros (HCS, por sus siglas en inglés) exigirá pictogramas en las etiquetas para advertir a los usuarios de los peligros químicos a los que puedan estar expuestos. Cada pictograma representa un peligro definido y consiste en un símbolo sobre un fondo blanco enmarcado con un borde rojo. La clasificación del peligro químico determina el pictograma que muestra la etiqueta.

Pictogramas y peligros según la HCS

Peligro para la salud	Llama	Signo de exclamación
• Carcinógeno • Mutagenicidad • Toxicidad para la reproducción • Sensibilización respiratoria • Toxicidad específica de órganos diana • Peligro por aspiración	• Inflamables • Pirofóricos • Calentamiento espontáneo • Desprenden gases inflamables • Reaccionan espontáneamente (autorreactivas) • Peróxidos orgánicos	• Irritante (piel y ojos) • Sensibilizador cutáneo • Toxicidad aguda (dañino) • Efecto narcótico • Irritante de vías respiratorias • Peligros para la capa de ozono (no obligatorio)
Botella de gas	**Corrosión**	**Bomba explotando**
• Gases a presión	• Corrosión o quemaduras cutáneas • Lesión ocular • Corrosivo para los metales	• Explosivos • Reaccionan espontáneamente (autorreactivas) • Peróxidos orgánicos
Llama sobre círculo	**Medio ambiente** (No obligatorio)	**Calavera y tibias cruzadas**
• Comburentes	• Toxicidad acuática	• Toxicidad aguda (mortal o tóxica)

Para más información:

OSHA® Administración de Seguridad y Salud Ocupacional

Departamento de Trabajo de los EE. UU.

www.osha.gov   (800) 321-OSHA (6742)

Waste Disposal Guide

LAMC: WASTE DISPOSAL DIAGRAM:

REGULAR WASTE	BIOHAZARDOUS WASTE	SHARPS	PHARMACEUTICAL WASTE	CHEMOTHERAPY:	HAZARDOUS R.C.R.A. PHARMACEUTICALS
Some non-toxic meds can go in the SINK: Examples: Plain IVs or IVs with electrolytes or vitamins **Regular Waste Bag** • Empty IV bags and tubing without medication additives • Empty IV Plain & Electrolyte • Empty TPN IV bag • Empty medication vials or containers • Trash / wrappers • Dressings (band-aids) • Chux & Diapers • Gloves • Empty foley bags and other drainage bags • Disposable patient items • Sanitary napkins • Food products	• Blood and all Other Potentially Infectious Material (OPIM) • Blood tubing/bags/hemovacs/ pleurevacs • Soaked/ dripping bloody dressings • Intact plastic bottles with bloody fluid or Other Potentially Infectious Material (OPIM) • Suction liners with bloody fluid or Other Potentially Infectious Material (OPIM) • All disposable items soaked or dripping with blood or Other Potentially Infectious Material (OPIM)	• **All sharps** Example: needles, broken glass vials, broken ampules, blades, scalpels, razors, pins, clips, staples • All empty syringes, tubex, carpuject or those with trace (unpourable) amount of medication • Intact glass bottles with bloody fluid or Other Potentially Infectious Material (OPIM). (Use large volume sharps container with foot pedal if needed) • Trocars, introducers, guide wires, sharps from procedures, specimen devices in endoscopy, etc. (Use large volume sharps container with foot pedal if needed)	• Syringes without sharps containing residual (pourable) medication • IV bags and tubing with residual medication • Partially used/ residual prescription or non-prescription medication • Creams, ointments, eye drops, suppositories • Return to Automated Dispensing Unit or Pharmacy: ➤ Unopened/Unused or expired Medications: **Note:** **Stericycle:** **CONTROLLED SUBSTANCE WASTE ONLY** • Narcotic patches (fold in half) Example: Fentanyl patch	**Trace Chemo is <3% Volume:** • All supplies used to prepare and administer chemo medication Example: tubing, empty bags/ bottles/ vials, syringes, gloves, pads, masks, gown, wipes etc. • Return to Pharmacy: All unused bulk (pourable) chemotherapy in original pharmacy bag for credit or disposal	**RCRA: Federal Resource Conservation and Recovery Act** • Return to Pharmacy for the following or dispose into RCRA Container Examples: ➤ Nitroglycerin Spray ➤ Coumadin wrappers or waste ➤ Inhalers with residual (if empty–regular trash), ONLY NON HFA ➤ Unused nicotine gum or patches ➤ Unused/residual acetone **Chemotherapy:** Dispose in a black RCRA container in the Pharmacy or Infusion Center for: • All bulk (>3% in volume) • RCRA Listed Waste for chemotherapy

PROPER DISPOSAL OF WIPES

NO WIPES IN THE PIPES

☑ **Toilet paper**

☒ **Paper towels**

☒ **Facial tissue**

☒ **Wipes**

☒ **Hygiene wipes**

☒ **Baby wipes**

☒ **Flushable Wipes**

☒ **Diapers**

☒ **Disposable wipes**

Earthquake Preparedness

During the Shaking

- If you are inside a building, stay there. Advise co-workers, patients and visitors to do the same.

- Watch for falling objects such as light fixtures or pieces of ceiling. Get under a strong table, counter, or desk. Use caution in doorways as they may close during shaking and cause injury. For patients who are bed-bound and able to do so, instruct them ahead of time to cover their head with blankets, pillows, or wash basin if handy.

- If you are outside, stay there. Advise co-workers, patients and visitors to do the same.

- Get away from power lines and building. Many injuries are caused by pieces of glass and concrete falling from buildings.

- Immediately after the shaking stops proceed carefully. In many hospital settings floors may be covers with broken glass or spilled chemicals.

After the Shaking

- Find out if anyone is hurt and give first aid or get help.

- Check for people who might be trapped in patient rooms, nursing stations, and other spaces.

- Check for fires. Put them out or call for assistance.

- Check for potential chemical hazards, gas leaks, or broken water lines. If you smell gas, contact engineering immediately. Open all windows and doors. Ask the Hospital Operator to call the gas company. Remove all patients and staff from area.

- Check to see if power is on.

- Patients with life support systems may need emergency attention. Make it a habit to plug all emergency equipment into red wall outlets (even when an emergency is not happening).

- All staff members need to remain calm and help to calm patients and visitors. Inform them to stay in their rooms if it is safe to do so.

Be prepared!
Know what to do during and after an earthquake.

LOS ALAMITOS
MEDICAL CENTER

Infection Prevention

Standard Precautions

Standard Precautions applies to all patients receiving care in hospitals, regardless of their diagnosis or suspected or confirmed infection status. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

Standard Precautions include:
- Hand Hygiene
- Personal Protective Equipment (PPE)
- Safe Injection Practices
- Proper handling and disinfection of contaminated equipment
- Respiratory Hygiene
- Cough Etiquette

Protect yourself from all body fluids, from all patients, at all times using standard precautions.

Standard Precautions apply to:
- All body fluids, secretions, and excretions (except sweat) regardless of whether or not they contain visible blood.
- Non-Intact Skin
- Mucous Membranes
- Blood

Culture of Clean

Keeping the environment clean lowers the risk of microbe transmission in the hospital and decreases the bio-burden in the patient environment. Cleaning is not just for Environmental Services.

- Clean equipment between patients.
    - Perform hand hygiene.
    - Don clean gloves when wiping equipment to protect your skin from chemicals.
    - In most cases, **PDI Super Sani-Cloths** can be used to disinfect equipment between uses.
    - **PDI Sani-Cloth Bleach Wipes** are to be used for disinfecting equipment exposed to a patient who is isolation for C. diff (Clostridium difficile).
    - ALL equipment must be disinfected between patients.

Contact time = 4 minutes

Contact time = 2 minutes

Terminal Cleaning
- Required for all patient rooms or cubicles after discharge or transfer of a patient in isolation.
- Isolation sign remains on the door to indicate terminal cleaning is required.
- DO NOT enter an Airborne Infection Isolation Room (A.I.I.R.) for one (1) hour after patient has been discharged/transferred to allow for adequate air exchange.
- Isolation sign is removed, cleaned and returned to nurses' station by EVS.

Hand Hygiene

Hand Hygiene is the easiest and most important thing you can do to protect yourself, patients and visitors. Good hand washing techniques keep you from transferring pathogenic organisms to other areas of your body and the environment.

Hand Hygiene is the term used by the CDC to indicate 2 types of hand cleansing for health care providers. They are hand washing and waterless alcohol-based hand rub.
- The use of waterless hand sanitizers are preferable to hand washing in most situations.

ALL employees will perform hand hygiene:
- Before eating.
- After using the restroom.
- After blowing or touching your nose.
- Before entering a patient's room.
- Before leaving a patient's room.

Perform hand hygiene before putting on and after removing gloves.
- Gloves are to be changed between the care and handling of every patient.

Employees providing direct patient care will perform hand hygiene:
- Before and after patient care.
- Prior to glove use.
- After glove removal.
- Before performing invasive procedures.
- After contact with bodily fluids.
- After coming in contact with patient's equipment, linens, or immediate environment.
- After performing a contaminating procedure.
- Prior to leaving patient room and/or patient care area.

- It may be necessary to perform hand hygiene in-between tasks and procedures on the same patient to prevent cross-contamination of different body sites.

Hand washing Procedure (using soap and water):
- Soap/water/friction for **15** seconds, rinse well, pull off a disposable towel from the dispenser, pat hands till dry then turn off the faucet with that towel.
- Wash with soap and water:
  - Before beginning and at the end of your shift.
  - Before eating
  - After using the restroom.
  - When hands are visibly soiled.
  - After contact with a suspected or confirmed C. diff patient and/or their environment.

Waterless Alcohol-Based Hand Rub
- Use for quick hand de-germing.
- Apply enough product to cover all surfaces of the hands as illustrated below. Allow to air dry.

- Use waterless hand sanitizer:
  - Upon entering AND leaving patient rooms, EVERY TIME.
  - Before donning and after removing gloves.
  - When moving from a contaminated to a clean area of the body.
  - After contact with contaminated equipment.
  - Before donning sterile gloves for a procedure.
  - Before handling patient's medications.
- Wash hands with soap and water <u>after</u> 6 - 10 uses of the waterless hand sanitizer.

Hand Lotion
- Only use hospital approved hand lotion.
- Other lotions may contain petroleum products which break down gloves and cause microscopic holes in them.

Fingernails
Hands with long fingernails, artificial nails, nail tips and overlays (gel/shellac) carry higher bacterial and fungal counts.
- Natural nails of healthcare workers are to be kept short (less than ¼ inch or 0.5 cm in length), and should not extend beyond the tips of the fingers
- Artificial nails or those with overlays are not permitted.
- Light colored nail polish with no chips may be worn.

Personal Protection Equipment (PPE)
- Must be used when there is a chance of exposure to blood or body fluids (evaluate every patient interaction for risk).
- Wear when handling disinfectants or chemicals, including disinfectant wipes used to clean equipment after patient use.
- When providing direct patient care during transfer.
- Most units keep PPE supplies in hallway bins and is easily accessible to staff and visitors. DO NOT over stock bins.
- PPE includes:
  - Gloves, Mask/Goggles, and Gown.
  - Ensure gown is fastened at the top and at the waist.
  - Change gloves:
    - After contact with blood or body fluid(s)
    - After contact with a contaminated site before moving to a clean site.
    - After completing tasks in one patient care area/room, before starting a task in another area.
    - Remove gloves before entering hallway.

Don PPE in the correct order:
1. Perform Hand Hygiene
2. Gown
3. Mask
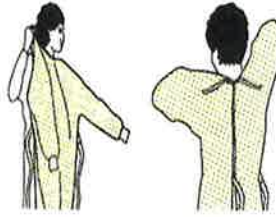4. Face Shield/Goggles (if appropriate)
5. Gloves

SEQUENCE FOR DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)	SECUENCIA PARA PONERSE EL EQUIPO DE PROTECCIÓN PERSONAL (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.

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. 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

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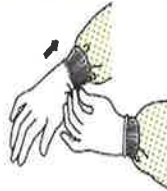- Fit snug to face and below chin
- Fit-check respirator

2. MÁSCARA O RESPIRADOR
- Asegúrese los cordones o la banda elástica en la mitad de la cabeza y en el cuello
- Ajústese la banda flexible en el puente de la nariz
- Acomódesela en la cara y por debajo del mentón
- Verifique el ajuste del respirador

3. GOGGLES OR FACE SHIELD
- Place over face and eyes and adjust to fit

3. GAFAS PROTECTORAS O CARETAS
- Colóquesela sobre la cara y los ojos y ajústela
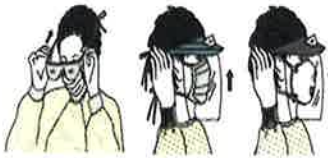
4. GLOVES
- Extend to cover wrist of isolation gown

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

CDC

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION	UTILICE PRÁCTICAS DE TRABAJO SEGURAS PARA PROTEGERSE USTED MISMO Y LIMITAR LA PROPAGACIÓN DE LA CONTAMINACIÓN

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

- 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

Doff PPE in correct order:
1. Remove gloves
2. Perform Hand Hygiene
3. Remove goggles/face shield
4. Unfasten neck, then waist ties
5. Remove gown using a peeling motion, pull gown down wrapping it inside out
6. Roll the gown away from body and discard
7. Remove mask/respirator
8. Perform Hand Hygiene

Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.

Con la excepción del respirador, quítese el PPE en la entrada de la puerta o en la antesala. Quítese el respirador después de salir de la habitación del paciente y de cerrar la puerta.

1. GLOVES
- 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 glove
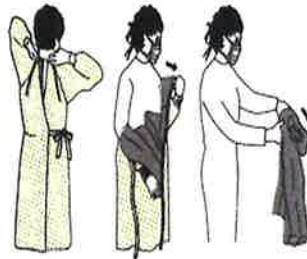- Discard gloves in waste container
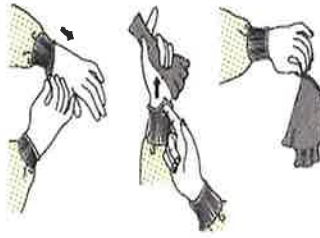
2. GOGGLES OR FACE SHIELD
- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container

3. GOWN
- 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

4. MASK OR RESPIRATOR
- Front of mask/respirator is contaminated — DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container

1. GUANTES
- ¡El exterior de los guantes está contaminado!
- Agarre la parte exterior del guante con la mano opuesta en la que todavía tiene puesto el guante y quíteselo
- Sostenga el guante que se quitó con la mano enguantada
- Deslice los dedos de la mano sin guante por debajo del otro guante que no se ha quitado todavía a la altura de la muñeca
- Quítese el guante de manera que acabe cubriendo el primer guante
- Arroje los guantes en el recipiente de deshechos

2. GAFAS PROTECTORAS O CARETA
- ¡El exterior de las gafas protectoras o de la careta está contaminado!
- Para quitárselas, tómelas por la parte de la banda de la cabeza o de las piezas de las orejas
- Colóquelas en el recipiente designado para reprocesar materiales o de materiales de deshecho

3. BATA
- ¡La parte delantera de la bata y las mangas están contaminadas!
- Desate los cordones
- Tocando solamente el interior de la bata, pásela por encima del cuello y de los hombros
- Voltee la bata al revés
- Dóblela o enróllela y deséchela

4. MÁSCARA O RESPIRADOR
- La parte delantera de la máscara o respirador está contaminada — ¡NO LA TOQUE!
- Primero agarre la parte de abajo, luego los cordones o banda elástica de arriba y por último quítese la máscara o respirador
- Arrójela en el recipiente de deshechos

PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE

EFECTÚE LA HIGIENE DE LAS MANOS INMEDIATAMENTE DESPUÉS DE QUITARSE CUALQUIER EQUIPO DE PROTECCIÓN PERSONAL

Remember:
Do not wear PPE in hallways unless providing direct patient care during transport.

Latex Sensitivity

➢ Use the latex free products for patients who state they have a latex allergy or sensitivity
➢ All gloves at LAMC are latex free.
➢ Read the label of all packaged products that you may have to use on your patients. The law states that any products containing latex must have a label that states "this product contains natural rubber latex which may cause allergic reactions" or "this product contains dry natural rubber".
➢ Latex balloons are not allowed on any unit with LAMC.

Respiratory Hygiene/Cough Etiquette
- Use tissues and dispose of them in a no touch receptacle.
- Perform hand hygiene after soiling of hands with respiratory secretions.
- Wear surgical mask or maintain spatial separation of at least 6 feet if possible.

Some organisms can survive for months on dried surfaces. Protect yourself and our patients.

Isolation Precautions

Contact Precautions
- Use for MRSA infection, VRE (Vancomycin-resistant enterococci), C. difficile (Clostridium difficile), RSV (Respiratory syncytial virus), Gram negative bacilli ESBL (extended-spectrum beta-lactamase), multidrug-resistant (MDRO) Acinetobacter, MDRO Carbapenem-resistant Enterococcus, Candida auris, Shingles, Impetigo, and highly contagious skin infestations such as scabies, lice etc.
- Place patient in private room or cohort with a patient infected with the same organism; door does not have to be closed.
- Wear gown and gloves prior to entry into the room.
- In addition, wear surgical mask if MRSA is present in the sputum to prevent colonization of care giver's nose.
- Consult Infection Prevention for guidance on discontinuing isolation for resistant organisms, as requirements are different for the different resistant organisms.

Droplet Precautions
- Used in addition to Standard Precautions when a patient is suspected or confirmed of having a disease which spreads by large droplets generated by coughing, sneezing, talking, etc. Examples include: Haemophilus influenzae meningitis; Neisseria meningitis; Pertussis (Whopping Cough), Influenza, Mumps, Rubella, or group A Strep pharyngitis (strep throat).
- Perform Hand Hygiene when entering and exiting patient room.
- Organisms do not travel more than a few feet from patient.
- Place patient in a private room or cohort with a patient with the same infection, door does not have to be closed.
- Wear regular facemask when entering room.
- Apply regular facemask to patient during transport.
- Wear N-95 mask, gloves and goggles during aerosol generating procedures such as a bronchoscopy.


Protective Precautions
- Used for patients with increased susceptibility to infection.
- Place patient in private room.
- Perform Hand Hygiene, no PPE required.
- Fresh flowers or live plants **are not allowed in room**
- Symptomatic visitors or healthcare providers are prohibited.

Airborne Precautions

- Used in addition to Standard Precautions when patient is suspected or confirmed as having a disease which is spread by particles that remain suspended in the air. Examples include: Tuberculosis (TB), Varicella (chickenpox), Measles, Disseminated Shingles, SARS (Severe Acute Respiratory Syndrome), and MERS-CoV (Middle East Respiratory Syndrome-Related CoronaVirus).
- Perform Hand Hygiene when entering and exiting patient room.
- Patients should be placed in an Airborne Infection Isolation Room (A.I.I.R.) with the door closed at all times.
- Special N95 mask is required when in contact with patients with TB and SARS.
- Remove mask after exiting from the room.
- Caregivers providing care for patients with MERS-CoV, or suspected Ebola must wear N95 mask or PAPR (powered air purifying respirator), eye protection, gown, gloves, boot covers.
- Only caregivers immune to Varicella or Measles should care for patients with Varicella or Measles.
- Patient must wear a surgical mask if taken out of A.I.I.R. Limit transport of patient for medically necessary reasons only.
- Infection Preventionist must be notified of a patient admitted with TB, Varicella, Measles, MERS-CoV, Ebola, or SARS as soon as possible.
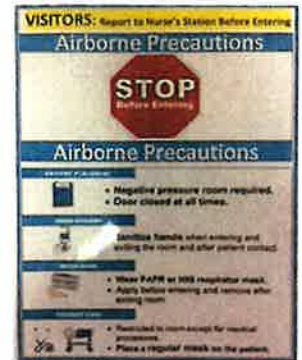
Special Precautions

- Use for SARS, MERS-CoV, Ebola, etc. which may be transmitted by both airborne and contact routes.
- Initial assessment is very important:
    - Travel history or association with someone exhibiting same symptoms who recently traveled to affected countries within 30 days of onset of symptoms
- Patients need to be placed in A.I.I.R. with doors closed at all times.
- Wear an N95 mask, eye protection, gown, gloves, and boot covers (no exposed skin).
- PAPR is used in lieu of N95 mask during high hazard procedure.
- Limit transport of patient - if patient must leave room, mask patient.
- Use dedicated non-critical equipment (BP cuff, thermometer, stethoscope) that can remain in patient room.

Enhanced Precautions

- Used for the 2019 Novel Coronavirus (SARS CoV-2)
- In addition to following the criteria Special Precautions, follow the current CDC guidelines which update frequently.
- The patient will wear a mask at all times when healthcare providers are in the room. Visitors are limited or not allowed

Patient Care and Infection Prevention

Aseptic Technique

Keep work area and personnel as free from microorganisms as possible with the intent of protecting the patient and the caregiver.

- The caregiver must know what is clean, disinfected or sterile.
- Clean, disinfected, and sterile items must be kept separate from contaminated items.
- Take immediate action if contamination occurs.
- Do not eat at the nurses' station or at your work stations in the hall. Break rooms are available for your use.

Aseptic Technique is practiced when working with all invasive sites including:

- Central Lines - insertion and/or dressing changes
- Indwelling Urinary Catheters - insertion or accessing
- Surgical incisions and dressing changes.
- Venous access - insertion of chest tube, paracentesis, thoracentesis, etc.
- Dialysis access.

Cohorting Patients

- If private room isn't available, patients may be "cohorted" with other patients colonized or infected with the same organism and have no other infection.
- Contact Infection Prevention Department (ext. 3138), House Supervisor (ext. 3596), or attending physician for consultation.
- Prioritize patients with highest transmissibility (i.e. draining wounds, excessive cough, diarrhea) for private room placement.
- Ensure patients are physically separated by at least six (6) feet.
- Draw privacy curtain between patients.
- Change PPE and perform hand hygiene between contacts with cohorted patients and their environment.
- Avoid placing immune suppressed patients with patients requiring isolation.

Influenza (Flu)

A contagious respiratory illness caused by viruses that infect the nose, throat and lungs. Symptoms can be mild to severe and in some populations can lead to death.

Influenza viruses are spread by "droplets" made when infected people cough, sneeze, or talk. Less often, these droplets can be transferred to the mouths or noses of people nearby. A person may also contract influenza by touching a contaminated surface or object, then touching their own mouth, nose, or eyes.

The flu can be transmitted 24 hours before symptoms develop and up to 5-7 days after the person becomes sick. The incubation period is 24-36 hours and the illness can last from a few days to 2 weeks.
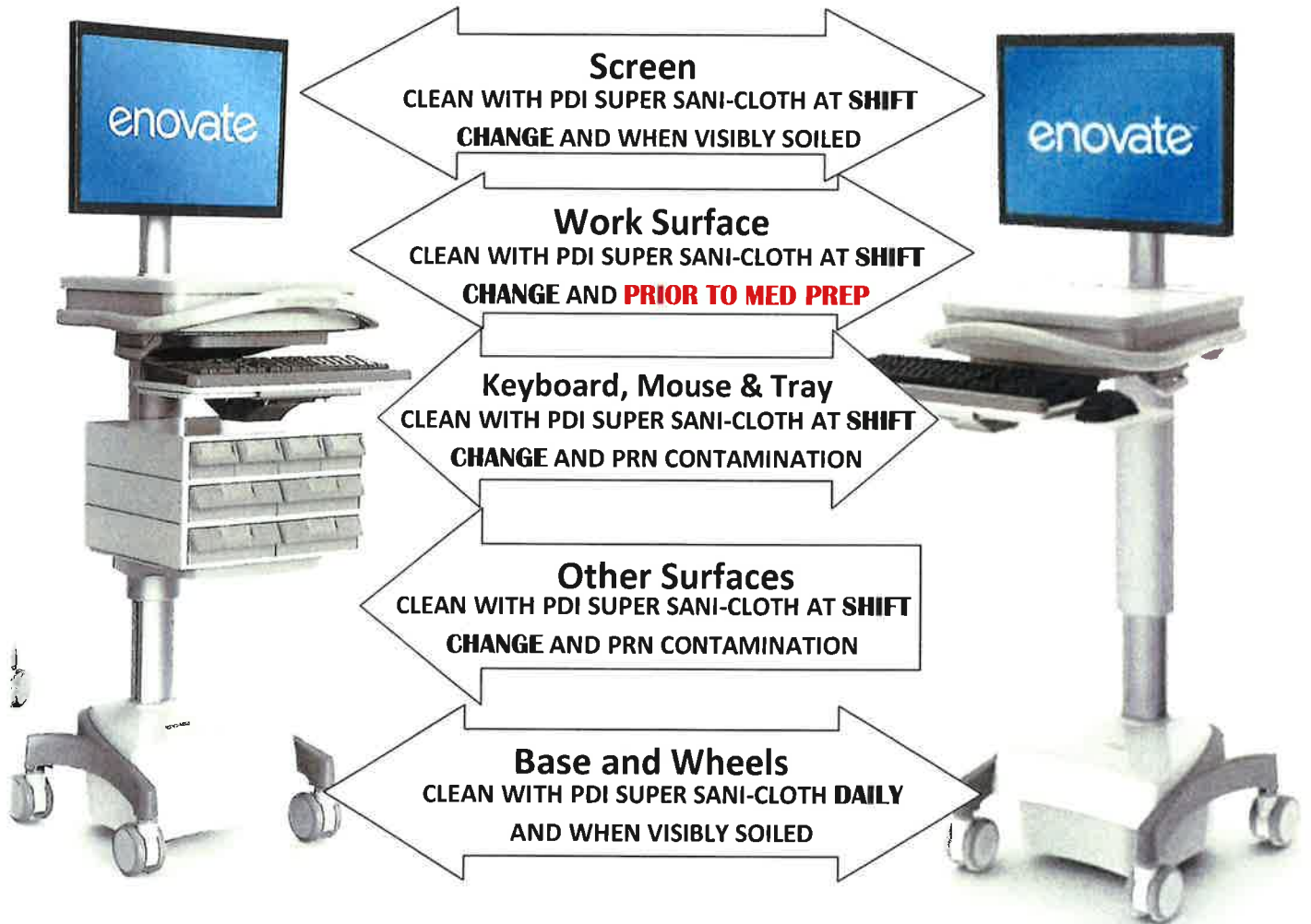
Flu symptoms include:

- Fever and/or chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Fatigue
- Vomiting/diarrhea

LAMC employees with the flu should stay home until fever-free without medication for at least 24 hours.

Cleaning the Workstation-On-Wheels (WOW)

Screen
CLEAN WITH PDI SUPER SANI-CLOTH AT **SHIFT CHANGE** AND WHEN VISIBLY SOILED

Work Surface
CLEAN WITH PDI SUPER SANI-CLOTH AT **SHIFT CHANGE** AND **PRIOR TO MED PREP**

Keyboard, Mouse & Tray
CLEAN WITH PDI SUPER SANI-CLOTH AT **SHIFT CHANGE** AND PRN CONTAMINATION

Other Surfaces
CLEAN WITH PDI SUPER SANI-CLOTH AT **SHIFT CHANGE** AND PRN CONTAMINATION

Base and Wheels
CLEAN WITH PDI SUPER SANI-CLOTH **DAILY** AND WHEN VISIBLY SOILED

PATIENTS IN ISOLATION

CLEAN ENTIRE WOW UPON EXITING PATIENT'S ROOM
USE THE **BLEACH WIPES** FOR PATIENTS ON **ENTERIC PRECAUTIONS**