Nursing Student and Instructor Orientation Manual

2012 Edition

This manual compliments the computer Web-based training
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Palomar Health Background

MISSION STATEMENT
To heal, comfort, and promote health in the communities we serve.

VISION STATEMENT
Palomar Health will be the health system of choice for patients, physicians, and employees, recognized nationally for the highest quality of clinical care and access to comprehensive services.

CORE VALUES
Patient's Well-Being – We passionately give and support heartfelt care that encourages patient comfort and safety.

Professionalism – Each of us takes pride in teamwork, self-discipline, our skills and trustworthiness.

Highest Quality – We are each accountable for providing the safest, most effective and innovative care.
Electrical Equipment and Safety

WHEN YOU IDENTIFY AN ELECTRICAL EQUIPMENT PROBLEM

• Label the equipment as needing repair.
• Take the item out of service and attach a RED TAG (Form # 8460-9037). When filling out a red tag, you need to include your name, phone number, and detailed description of the problem.
• Call the Biomedical Department at x3175 for PMC, ESC, PCCC or x4165 for POM to have the item repaired.
• Complete and submit a Service Request and Status Form – online from pph.net | Business Applications | At Your Service.

WHEN CALLING BIOMED

Have the following information available:

• Clinical Tech Services ID #
• Problem
• Location of Equipment
• Contact Name and Phone #

IF THE EQUIPMENT CAUSES HARM

• Immediately notify the Department Director or designee.
• Preserve evidence including the settings at time of the incident.
  o Include any disposables in use at the time – IV bags, tubing, etc.
  o If body fluids are involved, put contents into a red bag.
  o Do not dispose of any of the items. Notify the Safety Officer.
• Complete a RED TAG and place on the item, AND
• Complete a Quality Review Report. If the patient is injured, please contact Risk Management.
• Isolate the item. Biomed will pick it up for Risk Manager.
• Complete and submit a Service Request and Status Form – online from pph.net | Business Applications | At Your Service.

For non-medical equipment, call Plant Operations.

CELL PHONE USAGE

• Cell phones may be used in Palomar Health facilities EXCEPT in patient rooms.
• All cell phones must be turned off prior to entering a patient’s room.

RED OUTLETS
Equipment connected to normal power sources will not operate in the event of an electrical power outage. The red electrical outlets throughout the facility represent a power source supported by emergency generators. RED PLUGS are available for Critical Equipment (e.g. ventilators, IV pumps for critical infusions), which should be:

- Plugged into the red plug outlets during a power outage.
- Reset at the time of the power outage.

**Medical Gas and Cylinder Safety Tips**

**WHEN WORKING WITH OXYGEN OR OTHER MEDICAL GAS CYLINDERS**

Please remember to do the following:

- During a fire or similar emergency in your area, the charge RN and RCP (in consultation with the RN) are authorized to shut off the oxygen to the individual patient care unit. If we shut off the valve on the unit, it shuts off all oxygen to the whole unit or zone.
- We use compressed gas cylinders for both medical use (oxygen, etc.) as well as for the operation of equipment – that is industrial uses. These cylinders must be stored separately.
- Store all cylinders safely in BINS rather than crates.
  - Empty cylinders: Store in open racks
  - Full cylinders: Place in locking bins.
  - Large cylinders should have protective metal caps in place when stored or not in use.
  - Do not drape / hang anything from a cylinder.
  - Do not leave any container unsecured.
- Turn off cylinder valves when not in use.
- Always use an appropriate reducing valve, or regulator and flow meter when delivering gases from a cylinder.
- Do not let oil, grease or other flammable materials come in contact with oxygen cylinders, valves, regulators, or fittings.
- Oil / grease could come from rags, your hands, petroleum products (like Vapo-rub).
  - Do not lubricate parts of the system with oil, grease or other flammable substance.
- Do not use Vaseline on the patient’s face (around the nose or other location).
- Clear dust and particles from cylinder valves by partially opening the valve and then immediately closing the valve before applying the fitting. (This does not need to be done for the small E cylinders.)
- Open and clear the valve before transporting the cylinder to a patient care area.
- When the regulator is attached: open the valve slowly with the opening and regulator gauge face pointed away from any person.
- If the equipment does not appear to work properly: do not use it. Take it out of service and “red tag” it.
- Do not interchange any fittings used between gases.
- When moving a patient receiving oxygen, use a wheelchair or gurney that is equipment with an oxygen rack.
- Cylinders on patient care areas that are not in use need to be returned to their storage area. (Crash cart is considered “in use.”)

**RESOURCE:** Oxygen Supply Shutdown, (18184)

**OXYGEN / MEDICAL GAS SAFETY IS EVERYONE’S RESPONSIBILITY!**
# Utility Failures

### The Palomar Health System Failure and Basic Staff Response Matrix

<table>
<thead>
<tr>
<th>Failure of</th>
<th>What to Expect</th>
<th>Who to Contact</th>
<th>Responsibility of User</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrical Power Failure, Emergency Generators On</td>
<td>Many lights are out. Only the red plugged outlets and light switches work.</td>
<td>Facility Operations</td>
<td>Ensure that life support systems are on emergency power (red outlets). Ventilate patients by hand as necessary. Complete cases in progress ASAP. Use flashlights. May move feeding pumps to red plugs if enough plugs available.</td>
</tr>
<tr>
<td>Electrical Power Failure, Total</td>
<td>Failure of all electrical systems</td>
<td>Facility Operations, Respiratory Care Services</td>
<td>Utilize flashlights and lanterns, hand ventilate patients. Complete cases in process ASAP. Manually regulate IVs and tube feedings.</td>
</tr>
<tr>
<td>Elevator Stopped Between Floors</td>
<td>Elevator Alarm Bell sounding</td>
<td>Facility Operations, Security Department</td>
<td>Keep verbal contact with personnel still in the elevator. Let them know help is coming.</td>
</tr>
<tr>
<td>Elevators Out of Service</td>
<td>Vertical movement by stairwells only</td>
<td>Facility Operations, all managers</td>
<td>Review fire/evacuation plans. Establish teams to move patients/equipment to other floors as necessary</td>
</tr>
<tr>
<td>Fire Alarms</td>
<td>No fire alarms or sprinklers</td>
<td>Facility Operations</td>
<td>Begin Fire Watch protocol if outage is greater than 4 hours. Enhance observation for fire. Minimize fire hazards. Call 111 or 9-911 directly.</td>
</tr>
<tr>
<td>Computers</td>
<td>System down</td>
<td>Help Desk: (858) 613-4357</td>
<td>Use downtime procedures.</td>
</tr>
<tr>
<td>Medical Gases</td>
<td>Gas alarms, no O2, medical air or nitrous oxide</td>
<td>Clinical Staff, Facility Operations, SPD</td>
<td>Hand-ventilate patients. Use unit based O2 tanks. Call for additional cylinders/compressors. Transfer patients if necessary.</td>
</tr>
<tr>
<td>Medical Vacuum</td>
<td>No vacuum</td>
<td>Facility Operations, SPD</td>
<td>Obtain portable vacuum. Finish cases in progress. Do not start any new cases.</td>
</tr>
<tr>
<td>Natural Gas, Failure or Leak</td>
<td>No flames on burners</td>
<td>Facility Operations</td>
<td>Turn off gas equipment. Don't use devices that can produce an electrical spark (electric motors, switches etc.).</td>
</tr>
<tr>
<td>Nurse Call System</td>
<td>No patient contact</td>
<td>Facility Operations</td>
<td>Use patient telephones, bells, etc. Move patients as needed. Increase patient rounds.</td>
</tr>
<tr>
<td>Medical Equipment</td>
<td>Equipment does not function properly</td>
<td>Facility Operations, Biomed.</td>
<td>Replace and red tag equipment. If patient injury has occurred related to equipment, secure and notify manager (Safe Medical Devices Act). Complete a QRR.</td>
</tr>
<tr>
<td>Sewer System</td>
<td>Drains backing up</td>
<td>Facility Operations</td>
<td>Do not flush toilets. Do not use water.</td>
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<tr>
<td>Steam Generator</td>
<td>Sterilizer inoperative</td>
<td>Facility Operations</td>
<td>Conserve sterile materials.</td>
</tr>
<tr>
<td>Telephones</td>
<td>No phone service</td>
<td>Communications, PBX</td>
<td>Use red phones, overhead paging, call system, wireless and cellular, hand held radios.</td>
</tr>
<tr>
<td>Water</td>
<td>Sinks and toilets inoperative</td>
<td>Facility Operations</td>
<td>Enhance observation for fire, use bottled water, and turn off water faucets.</td>
</tr>
<tr>
<td>Water, Non-potable</td>
<td>Tap water unsafe to</td>
<td>Facility Operations,</td>
<td>Place &quot;do not drink&quot; signs on all drinking fountains and</td>
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*Note: This information is based on The Palomar Health System failure and basic staff response matrix.*
<table>
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<th>drink</th>
<th>FANS, all managers</th>
<th>sinks. Use bottled water.</th>
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<td><strong>Ventilation</strong></td>
<td>No ventilation, heating, cooling</td>
<td>Facility Operations</td>
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Dan Farrow, Director of Safety & Security       Daniel.Farrow@pph.org x 3186
Back Safety

Muscles are tissues in the body which provide support and contract to produce movement. Ligaments are bands of fibrous tissue that connect bones or cartilage together – serving to support and strengthen joints. Tendons are fibrous cords of connective tissue that attach muscle to bone.

RECOGNIZE THE 5 LEADING BACK INJURY RISK FACTORS!

- Poor posture
- Poor physical condition
- Improper body mechanics
- Incorrect lifting
- Jobs that require high energy

CHECK YOUR WORKING POSTURE!

“Try this... Place one hand cupped under your chin, with the other in back of your head at the base of the skull. Pick your head up (gently) and move it to the point at which it's aligned over your spinal column. Your head weighs a lot, doesn't it? Where do you usually carry your head as you work... pitched forward, like most of us? Think of the pressure this puts on those fragile spinal discs and how easily you can pull the whole spinal column out of alignment with incorrect carriage of the head. Having this awareness will help you correct as you go... adjusting the way in which your head is positioned over your spine during your hours at work.”

– Working Well? by Terry McShane, M.A.

BE WILLING TO CHANGE YOUR POSTURE HABITS!

Our bodies are designed to move, bend and flex - and our posture changes to fit the task. Static posture leads to discomfort and lower productivity. Be aware of your posture while working.

Maintain a neutral posture. When you assume a neutral posture, your body will find its natural balance.

Adjust your worksite to fit you before you begin the task.

NEUTRAL POSTURES INCLUDE:

Wrist posture: Keep wrists straight, not bent or twisted.

Sitting posture, in general:
- Keep your head balanced naturally over your shoulders (not protruding in front of your body).
- Keep your shoulders relaxed, not hunched.
- Keep your forearms and thighs parallel to the floor.
- Sit back in your chair for support (not on the front edge).
- Adjust the back of your chair for support.
- Settle your feet on the floor or footrest.
Back Safety

Ergonomics:
Employees should be knowledgeable of the proper ergonomic conditions at their workstation, and proactively arrange their workstation accordingly, to prevent unsafe working conditions and job practices. Ergonomics means designing the work place to fit the worker. In other words: making your work area worker friendly. Check your work area for the following problems:

- Are the tables you work at too high or too low to comfortably fit your body frame?
- Do you have to stretch to reach the items with which you work?
- Does the location of work tools keep you from using proper lifting techniques?
- Look around your facility for areas that make using correct lifting techniques difficult. It’s possible that by moving a shelf or rearranging items, the problem can be eliminated or reduced.
- Take an active role in your well being by communicating any problems to your supervisor.

Standing Posture:

- Keep your spinal column aligned in its natural curves.
- Prop one foot up on a stool to reduce stress in your lower back.
- Stretch often, and shift positions!
- Change (shift) your posture often.
- Stretch frequently throughout the day.
- Keep your body flexible (not rigid or fixed); static posture becomes uncomfortable and decreases productivity.
- Don't force your body to conform to its workspace. Habitually poor posture causes increased aches and pains.

LISTEN TO YOUR BODY! BE CAREFUL!

Feeling discomfort or pain is an indication that something is wrong! Heed the signs! Combinations of awkward posture, force, repetitions, and insufficient rest periods are a set up for injury.

Take more frequent "mini-breaks" before you become fatigued. Become aware of mounting stresses, aches and pains.

Did you know...?

- An average woman's arm and torso can lift 60% as much as a man's.
- At age 65, the average person's strength is 75% of someone who is 20 or 25. Endurance remains similar.
- Manual material handling accounts for 30% to 40% of the workers' compensation claims in the United States.

— Working Well? by Terry McShane, M.A.
Therefore:

- Handle materials carefully
- Lift with common sense!
- Remember - no single technique will work in all circumstances.
- Be careful!
- Assess the situation and ask yourself these questions:
  - **Is the load big, bulky, heavy?**
  - **Do you need help?** Avoid lifting materials that exceed 1/3 - 1/2 of your body weight - **GET HELP.** Never lift a weight that causes pain
  - **Can you slide it instead of lifting it?** Push, don’t pull.
  - **Is the load height located inside your "safe lifting zone"?** The safe lifting zone is between knees and shoulders. If the load is below knee level - bend your knees and lift with your legs. If the load is above your shoulders - use a stool or ladder. Better yet, rearrange the contents on the shelves so that heavier and more frequently needed items are placed on the mid-level shelves. If it is heavy - get help.
  - **Must you twist or stretch to get it?** Readjust the load or your position before you lift. Get help!
  - **Do you need equipment (e.g. patient lifts, cart, dolly) to help move it?**
  - **Have you stretched your muscles or warmed up before lifting?** A few simple stretches before beginning to perform the task will warm up your muscles and increase your ease of movements. Stretch again to cool down and decrease potential stiffness after completing the task. Stretch periodically throughout the day.
  - **Are you wearing slip resistant shoes?**
  - **Have you cleared a pathway before you move the item?**
  - Instead of asking – "**Is this load within safe limits?**" we should really be asking – "**Is the design of this lifting and handling task ergonomically satisfactory?**" – Ergonomics, Work and Health - Stephen Pheasant, PhD
WHEN YOU LIFT...

DO:

• Plant your feet firmly - get a stable base.
• Bend at your knees - not your waist.
• Tighten your abdominal muscles to support your spine.
• Get a good grip - use both hands.
• Keep the load close to your body.
• Use your leg muscles as you lift.
• Keep your back upright; keep it in its natural posture.
• Lift steadily and smoothly without jerking.
• Breathe - If you must hold your breath to lift it, it is too heavy.

DO NOT:

• Lift from the floor.
• Twist and lift.
• Lift with one hand (unbalanced).
• Lift loads across obstacles.
• Lift while reaching or stretching.
• Lift from an uncomfortable posture.
• Fight to recover a dropped object.
• Hold your breath while lifting - GET HELP.

CONCLUSION

Working safely means using COMMON SENSE in the workplace, monitoring ergonomics trends in the workplace, staying physically fit and making injury prevention a top priority.

Remember your workday is one third of your total day. Plan your tasks carefully to avoid a painful back. Managing your back is your responsibility.

Palomar Health wants to ensure that its patients are cared for safely, while maintaining a safe work environment for employees. It is the duty of employees to take reasonable care of their own health and safety, as well as that of their co-workers and their patients during patient handling activities. To accomplish this, a Safe Patient Handling Program has been implemented, and a “no hazardous lifting standard” has been adopted. Safe patient handling is defined as the use of equipment, technology and engineering to eliminate manual lifting, transferring and/or repositioning of patients. No hazardous lifting means replacing manual high risk lifting and movement of patients with powered patient transfer devices, lifting devices, and/or lift teams as appropriate. High-risk patient handling tasks include tasks that have a high risk of musculoskeletal injury for staff performing the tasks. These include but are not limited to transferring tasks, lifting tasks, repositioning tasks, bathing patients in bed, making occupied beds, dressing patients, turning patients in bed, and tasks with long durations. Mechanical lifting equipment and/or other approved patient handling aids will be used to prevent manual lifting and handling of patients except when absolutely
necessary, such as in a medical emergency. See the Safe Patient Handling and Movement Program procedure (Lucidoc #24012) for more information.
Hazardous Materials and Waste

All hospital employees may be exposed to hazardous materials. Materials considered hazardous are those that pose either a physical or health hazard to workers exposed to them. These materials, if not disposed of properly, could also be a risk to the general public. You can help ensure everyone’s safety if you learn how to dispose of them safely.

HAZARDOUS WASTES AT PALOMAR HEALTH

Hazardous wastes at Palomar Health include:

- **Medical and infectious waste** (including blood and body fluids, and materials contaminated with blood or body fluids).
- **Sharps waste** (including needles, scalpels, scissors and broken glass).
- **Radioactive waste** (including radioactive isotopes used in nuclear medicine and specimens or wastes of people who have received isotopes).
- **Chemical waste** (including hazardous chemicals that are toxic, flammable and corrosive such as cleaning fluids and formaldehyde). Chemical waste is marked DANGER or WARNING on their label.
- **Chemotherapeutic waste** (including certain chemotherapy drugs and the supplies that are used to prepare and administer the drugs).
- **California pharmaceutical waste/ non-hazardous Rx waste** (including all expired, unused and waste prescriptions and pharmaceutical waste).
- **RCRA** pharmaceutical waste is placed in plastic bag labeled RCRA and placed in Red pharmacy return bin.

Remember:

- Always be sure to dispose of waste contaminated with blood or bodily fluids in red bags. The red bags should be placed in a covered trash receptacle that has biohazard labels on the lid and sides. The storage for biohazard waste must be inaccessible to the public and labeled as a biohazard storage area.
- Place all sharp materials in a sharps container. All sharps containers must have a label with the facility name and address attached PRIOR to use. When the container is ¾ full, snap down the lid and put the container in a covered trash receptacle that has biohazard labels on the lids and sides.
- If there is a Radiation Caution sign on a patient’s door, do not remove the waste from the room until the specified time.
- If you are ever in doubt about how to dispose of a chemical, check the Material Safety Data Sheet (MSDS) for disposal instructions and/or consult your supervisor.
Biohazardous Waste Disposal
Place all hazardous waste into a properly labeled container.

The following types of used material may be managed as Regular Solid Waste:

- Airways
- Band-Aids
- Betadine-soaked gauze and equipment (including tray & drapes)
- Blue pads
- Connection tubing
- Diapers
- Disposable gowns, gloves
- Drainage bags (emptied)
- Electrical cutery equipment
- Endotracheal tubes
- Feminine hygiene products
- Foley catheters, drainage tubing & bags
- Glass IV bottles
- Glass microscope slides
- Gloves
- IV tubing, IV bags, urine containers
- Large bore infusers
- Medical vials
- NG tubes
- Oxygen masks or cannulas/catheters
- Sanitary pads
- Suction catheters
- Tracheostomy tubes
- Urine containers
- Vent tubing

Following used material is considered Infectious Waste & must be placed in Sharps Containers:

- Any discarded article that may cause puncture or cuts
- IV tubing with needles attached needles
- Scalpel blades
- Suture removal kits
- Syringes
- Slides

Following used material is considered to be Infectious Waste & must be "red bagged":

- Anything saturated with blood or wound drainage
- Any containers with bulk blood or body fluids (as defined in OSHA Bloodborne Pathogen Standard)
- Blood transfusion tubing/bags
- Central venous lines and arterial lines
- Chest tubes
- Laboratory blood tubes
- Pleurovac
- Suction canisters (body fluids or blood)
- Thoracentesis bottles (filled)
- Wound drains (i.e. Hemovacs)
- Dressings, cotton balls, and gauze saturated with blood or wound drainage

REMOVE OR BLOCK OUT ANY PATIENT NAMES OR PATIENT IDENTIFIERS.
Be alert to recognize privacy/security breaches and correct them.
Yellow Waste Container
Place all hazardous waste into a properly labeled container.

CRITERIA FOR DEFINING HAZARDOUS DRUGS

Drugs that meet one or more of the following criteria should be handled as hazardous:
- Carcinogenicity
- Teratogenicity or developmental toxicity
- Reproductive toxicity
- Organ toxicity at low doses
- Genotoxicity

Bulk Chemotherapy Waste – All containers (vials, bags, syringes, etc.) containing such a volume that can be poured or scraped. Inclusions: Chest tube chemotherapy drainage / Intraperitoneal chemotherapy drainage. Send any bulk chemo waste in a Ziploc chem. Bag to pharmacy for disposal.

Chemo wastes, containers – Empty vials, syringes, IV bags, etc. which held antineoplastic must be completely empty in order to be considered trace chemotherapy waste. Place these empty containers into the yellow waste container for incineration as a regulated medical waste.

Chemo waste, soft – Unless overtly contaminated, gowns, goggles, gloves, tubing and wipes used with antineoplastic must be managed as yellow waste container. Place these items into the yellow waste container for incineration as a regulated medical waste.

Chemo waste, sharps – Needles used with antineoplastic must be placed in a designated chemo sharps container for incineration as a regulated medical waste.

 MANAGEMENT OF ACCIDENTAL EXPOSURE TO HAZARDOUS DRUGS

<table>
<thead>
<tr>
<th>Type of Exposure</th>
<th>Immediate Care</th>
<th>Follow Up</th>
</tr>
</thead>
</table>
| Skin Exposure             | • Remove contaminated clothing and/or PPE.  
                          | • Wash affected area thoroughly with soap and water.  
                          | • Consult MSDS for drug-specific instructions. (3E)                       | Send complete report of employee injury/exposure to Employee Health       |
| Eye Exposure              | • Flush eye(s) with water or isotonic eye wash for 15 min.  
                          | • Consult MSDS for drug-specific instructions.                          | Send complete report of employee injury/exposure to Employee Health       |
| Exposure by Inhalation or Ingestion | • Acute symptoms may require emergency intervention.  
                                      | • Consult MSDS for drug-specific instructions.                          | Send complete report of employee injury/exposure to Employee Health       |

REMOVE OR BLOCK OUT ANY PATIENT NAMES OR PATIENT IDENTIFIERS.  
Be alert to recognize privacy/security breaches and correct them.
**Pharmaceutical Waste**

**MEDICATION THAT CANNOT BE RETURNED TO PHARMACY FOR CREDIT**

**Pharmaceutical Waste:** Containers are for the disposal of ALL non-reusable or partial used/soiled oral/IV medication (including narcotics). Squirt contains into container. Liquid is absorbed by liner in container.

Exceptions:

- IV bags: plain or with electrolytes solutions may be flushed down the drain.
- Outer wrapper and empty containers may be placed in regular trash.

**RETURNABLE MEDICATION FOR CREDIT**

**Pharmacy Return Bin:**

- Place reusable, intact, IV meds, ointment
- Any medication that can be redistributed or expired meds that can be returned to manufacturer for credit or place in the Pyxis return bin or return directly to pharmacy

**RESOURCE CONSERVATION AND RECOVERY ACT AT PALOMAR HEALTH**

Place these used medications in pharmacy plastic bag labeled RCRA and place in red return bin to go back to pharmacy for disposal.

- Open Epinephrine vials and partial filled IV bags with Epinephrine
- Nitroglycerin ointment
- Used Nitroglycerin measure papers (patches)
- Used Nicotine patches
- Warfarin tabs, injection and warfarin packages

**REMOVE OR BLOCK OUT ANY PATIENT NAMES OR PATIENT IDENTIFIERS.**

Be alert to recognize privacy/security breaches and correct them.
MSDS and Chemical Hazards

You can be exposed to hazardous materials almost everywhere. Many hospital employees handle hazardous materials every day. You can help ensure everyone’s safety if you learn to identify hazardous materials and the precautions that should be taken with them.

There are three main ways chemicals can enter your body:

- Skin and eye contact
- Inhalation
- Swallowing

**MATERIAL SAFETY DATA SHEETS (MSDS)**

You can easily find out about hazardous materials from two sources – the product label and the MSDS.

*Product Labels* provide basic information you need to recognize hazardous materials. Always read the label before you move, handle, or open a chemical container.

*Material Safety Data Sheets (MSDS)* provide additional information you may need to:

- Understand the nature of the hazard
- Know how to protect yourself and others
- Know what to do in an emergency situation

MSDS are the key to hazard communication. Contact 3E Company (available 24 hours/day, 7 days/week) at (800) 451-8346 with questions. Please have the following information available:

- Product name
- Manufacturer name
- Product number
- UPC code
- Hazardous chemical spills

In the event of a hazardous chemical spill, think **C.L.E.A.N.**

- **C**ontain the spill, if possible, by surrounding with blankets or towels. Close doors and/or cover drains or sewer openings if it can be done safely and quickly. Restrict all sources of ignition (electrical devices).
- **L**eave the area, if necessary. Warn anyone in the surrounding area.
- **E**mergency procedures - including eyewash, shower, medical treatment.
• **Access** the MSDS information.
• **Notify** a supervisor immediately!

Report all spills immediately to PBX and request they call a code orange.
Disaster Preparedness

Disasters, unusual events, and other catastrophic emergencies pose a significant threat to the ability of Palomar Health to maintain operational capability and provide care, treatment, and services to our community. The Palomar Health Emergency Operations Plan (EOP) is designed as an all hazards approach to help ensure a minimum impact of an unusual event or disaster on the ongoing operations of any of our facilities.

**EMERGENCY OPERATIONS PLAN (EOP)**

The EOP is an organization-wide plan that has been developed so our organization can effectively plan for, and respond to, emergencies in six (6) critical areas:

1. **Communication:** In the event that the community infrastructure is damaged and/or a facility’s power experiences debilitation, communication pathways, cables, electricity, satellite or other conduits are likely to fail. Palomar Health has developed a plan to help maintain communication pathways both within each facility and to critical community resources.

2. **Resources and Assets:** Understanding of the scope and availability of our resources and assets is important at all times but even more important, during an emergency/unusual event.

3. **Safety and Security:** The safety and security of our patients and staff is the prime responsibility of Palomar Health during an emergency/unusual event. When emergency situations develop and parameters of operability shift, Palomar Health must provide a safe and secure environment for patients and staff.

4. **Staff Responsibilities:** During an emergency/unusual event, the probability that staff responsibilities will change is high. Staff will need guidance to adapt their roles to meet new demands on their ability to care for patients. We will educate our staff so they understand how they may be called to perform during an emergency/unusual event.

5. **Utilities Management:** Palomar Health is prepared to have uninterrupted function of utilities during an emergency/unusual event. The supply of utilities such as power, potable water, food, ventilation and fuel are planned to support services for an up to 96 hours.

6. **Patient Clinical and Support Activities:** The clinical needs of patients during an emergency are of prime importance. Palomar Health has clear, reasonable plans in place to address the needs of patients during extreme conditions when the facility/s infrastructure and resources are taxed.

**CODE TRIAGE (Internal/External)** is called to activate the EOP when an internal or external event or disaster requires a rapid response within or possibly affecting any of our facilities. The Administrator/Administrator on Call (AOC) or designee (such as the Administrative Nursing Supervisor) will determine this activation based on an assessment of the event/emergency or when requested by the County Emergency Operations Center (EOC).
The PBX will announce: “Code Triage (Internal or External) – the labor pool is open” over the public address (PA) system when the decision is made to activate the EOP.

All departments not directly involved with receiving patients from the event or disaster will send available staff to the Labor Pool. The labor pool is located in the Cafeteria at Palomar Medical Center, in the Cafeteria at Pomerado Hospital (includes Villa Pomerado), and in the Administrative Office at Palomar Continuing Care Center.

Palomar Health has implemented the Hospital Incident Command System (HICS) as its emergency management structure. The HICS structure is part of the National Incident Management System; a standardized management approach that unifies Federal, state, and local agencies for incident response.

**EMERGENCY TELEPHONE BACK-UP SYSTEMS**

**Red Disaster Telephones**

The Red Disaster Phones will automatically be activated and be ready for use if PMC, POM, Villa-Pom or PCCC experience a loss of service with the phone system (no dial tone, no calls in or out, completely down). Red Phone Dialing Instructions:

- **DO NOT** dial 9 first.
- To call a department within Palomar Health, lift the handset and dial only the 7-digit number for that department.
- To make an outside call, dial the 7-digit number or 1+ area code and number if calling out of the area code.
- To place a call to a pager, dial the full pager # (760) 781-xxxx. Be sure to enter your full 7-digit department call-back number (area code also, if necessary).
- Dial 1+ area code and their red phone number to call alternate hospital departments when their phone system is down.

**Cellular (Nextel) Telephones**

- Know Nextel Cellular Phones are available in the PMC and POM Hospital Command Centers in the event of a total loss of regular and Red Disaster Phones.
Fire Safety Plan

In case of a fire, follow the hospital fire plan (Code Red), remember R.A.C.E.:

R = **RESCUE**: Remove anyone in immediate danger while calling out “Code Red, Room # or location” for assistance. Close the door to the room.

A = **ALARM**: Activate the nearest fire alarm pull station. Dial **“111”** (PMC, POM, VP) or **“9-911”** (PCCC and other Palomar Health building/facilities).

C = **CONTAIN**: Close the remaining doors in the fire zone/smoke compartment.

E = **EXTINGUISH / EVACUATE**: Extinguish only if trained and safe to do so, or evacuate (if appropriate).

**Types of Fires** (refers to its source):

- **Class A**: Ordinary combustibles such as paper, wood, cloth, and rubbish.
- **Class B**: Flammable solvents and liquids such as ether, alcohol, oil, gasoline and grease.
- **Class C**: Electrical equipment and other sources of electricity.

**Types of Fire Extinguishers**:

Choose the correct extinguisher for fire type. Look for the symbols on the extinguisher.

- **Type A**: Pressurized water. Use only on Class A fires. **Do not use on Class B or C fires.**
- **Type B-C**: Use on flammable liquids (Class B) or electrical equipment (Class C).
- **Class A-B-C**: Use on Class A, B, or C fires or all types of small fires.

To operate a Fire Extinguisher, remember **P.A.S.S.**:

P = **Pull** the pin located in the handle.

A = **Aim** the extinguisher at the base of the fire not at the smoke.

S = **Squeeze** the handle.

S = **Sweep** at the base of the fire. Start with the edge of the fire nearest to you, sweep from side to side until the fire is out or the extinguisher is empty.

Empty the entire extinguisher on the fire while standing six to ten feet from the fire. If the fire continues to burn, do not search for another extinguisher. Contain the fire by closing doors and leave the area immediately.

**ABC fire extinguishers are available throughout the organization** and can be used for small fires (no larger than an office size trash can) where the extinguisher is immediately available to the fire. The initial responder should focus on containing the area and closing the doors, as opposed to using the extinguisher. Do not open a door (with a fire behind it) to use an extinguisher. However, DO NOT PUT YOURSELF IN DANGER and always ensure that someone has activated the Fire Larm Pull Station and called **“111” or “9-911”** before you begin extinguishing the fire. Once a fire starts, it doubles in size every 30 seconds.
All staff should know the exact locations of the Fire Alarm Pull Stations, Fire extinguishers and Emergency Exits in their immediate work area/unit. If you work in more than one area, you need to know the location on each unit. A fire alarm sounds throughout the facility when it is activated. The PBX operator then announces a “Code Red and location” on the Public Address (PA) system. Never take an elevator in response to a “Code Red.” Always use the stairs.

FIRE ALARM SYSTEMS

- Fire Alarm Pull Stations
- Smoke Detectors
- Telephone Notification
  - Notify PBX: Dial “111” (PMC/POM/Villa Pom)
  - Dial “9-911” (PCCC, Innovation or other Palomar Health location)
- Smoke/Fire Doors: During a fire drill or an actual fire, smoke/fire doors in every hallway close automatically to provide a horizontal separation between you and a fire. During a Code Red, do not move between fire/compartments until Code Red is cleared.

EVACUATION

A Command Center will be set up with the Fire Chief for the purpose of interacting with outside agencies and supporting the control station if an evacuation for other than the room of origin is taking place. The Hospital Incident Command System (HICS) will be utilized.

Compartment Evacuation (Patient Care Areas):

1. Compartment evacuation takes place at the discretion of the individual in charge of the fire area in coordination with the Incident Commander. All doors in the area should have been closed and all patients removed from the hall. If the fire has not been extinguished and there is little or no smoke in the hall, commence further evacuation of the compartment.
   - Horizontal Evacuation: Evacuation direction normally is away from the involved compartment and preferably two smoke compartments away.
   - Vertical Evacuation: Evacuation direction may also be either one floor down and one compartment adjacent, or two compartments down or two compartments adjacent.
2. Staff members begin evacuating patients on both sides of the involved room first, followed by adjacent rooms within the smoke compartment. This will be followed up by the evacuation of the remaining rooms of the fire-involved area.
3. The individual in charge of the area will mark the doorframe after the room is emptied. Use a black marker and mark with an "X" at the level of the doorknob or handle on the doorframe itself.
4. Keep the patient chart with the patient.

Facility Evacuation:

- The decision to evacuate the facility is made by the Administrator or Incident Commander in conjunction with the Fire Department.
- Evacuation routes are based on the location and extent of the fire and will impact the destination of the patients and staff. The Command Center/Fire Department determines the location of the assembly area.
Elevator use is discouraged but could be available for use until the smoke detectors in the elevator vestibule are activated. At that time they will return to the lobby. The Fire Department may take fire service control as needed, based on the location.

Each department manager and each nursing unit will account for all patients and staff through a post evacuation headcount.

**Evacuation Methods:**

One of the following methods of evacuation should be utilized depending on the urgency of the situation and the condition of the patient:

- Assisted ambulation
- Chair carry
- Two-man carry
- Wheelchair, gurney, or bed transfer
- Evac-Chair
- ParaSlyde/BaraSlyde
- Blanket drag

All staff need to be familiar with the location and operation of their unit based evacuation equipment.

*Engineering/Security* is responsible for traffic and crowd control around the scene. Keep the patient chart with the patient.
Bio-Terrorism

The focus of bio-terrorism preparedness continues to be close observation of our patients particularly those presenting to the Emergency Department with potential signs/symptoms of smallpox, SARS or other serious infectious diseases.

PATTERNS

The possibility of bio-terrorism may first be recognized in any of the following patterns:

- An abnormal pattern of illness. A rapid increase in hours to days may occur in people with similar symptoms (e.g. fever, pulmonary or gastrointestinal) in an otherwise healthy population.
- The numbers of people with an illness, unusual for the season, such as people with flu-like illness in the mid-summer.
- A cluster of patients with similar symptoms from the same employer or geographical area.
- Any person who is very ill with a disease not readily diagnosed, with a “mystery disease,” especially when there is more than one person with similar symptoms.
- Increase in the numbers of patients who die within 72 hours of admission to the Emergency Department.

The Emergency Department staff, Lab staff, Emergency Medical Technicians or other member of the health care team may be the first to recognize the NOT usual pattern.

- The first person to suspect bio-terrorism should confidentially discuss his or her concern with the manager or operations manager, and with no one else.
- Regardless of the location of the concern, the person should immediately page the District Nurse Epidemiologist at 760.781-7761 or call the cell phone at 858.583-8194. If the concern is at Pomerado, the person should also page the Infection Control Nurse at 760.781-6328 or call the cell phone at 760.801-5429 without delay, regardless of the time the concern arises.
- The person should also immediately notify Administration/Administrator on Call.
Emergency Codes (Standardized) Used for Overhead Paging

Dial “111” to report any emergency at PMC, POM or VillaPOM. Be prepared to give details.

Dial “9-911” to report any emergency at PCCC, Innovation or any other Palomar Health building.

**CODE RED = FIRE, at fire’s POINT OF ORIGIN** (You see fire or smoke or hear “Code Red”)

Remember R.A.C.E.:

- **R** = RESCUE: Remove anyone in danger, close the door.
- **A** = ALARM: Activate the nearest fire alarm pull station. Dial “111” or “9-911.”
- **C** = CONTAIN: Close the remaining doors in the fire zone/smoke compartment.
- **E** = EXTINGUISH / EVACUATE: Extinguish only if trained and safe to do so, or evacuate (if appropriate).

**CODE RED = FIRE, away from fire’s POINT OF ORIGIN** (You hear the alarm, but it’s not in your immediate area)

- Listen to the “Code Red” announcement over the PA for the fire location.
- Close all doors.
- Do not automatically evacuate.
- Listen for further instructions.

**CODE BLUE – MEDICAL EMERGENCY – ADULT**

- 1st rescuer:
  - Assess consciousness (shake and shout).
  - Summon help and verbally call out “Code Blue” with location of room. Pull the call light or emergency alarm. Call for the Crash cart and Standard Defibrillator/AED.
  - Provide Basic Life Support (BLS)/Cardiopulmonary Resuscitation (CPR) in accordance with current American Heart Association (AHA) standards.
  - Perform CPR for 5 cycles, if no help arrives, dial “111” or “9-911,” state “Code Blue,” give the exact room/location and resume CPR.

- 2nd rescuer:
  - Dial “111” or “9-911” if “Code Blue” has not been paged. State "Code Blue" and give the exact room/location.
  - Bring crash cart, defibrillator/AED to scene.
  - Continues BLS/CPR until Code Blue Team/Advanced Cardiac Life Support (ACLS) staff/equipment arrives and assumes care.

**CODE WHITE – MEDICAL EMERGENCY – NEONATAL/PEDIATRIC**

If signs/symptoms of arrest, respiratory failure or shock (potential for arrest) are present:

- Provide Basic Life Support (BLS)/Cardiopulmonary Resuscitation (CPR) in accordance with current American Heart Association (AHA) standards.
- Continue BLS/CPR until Pediatric Advanced Life Support (PALS) staff/equipment arrives and assumes care.
CODE PINK – INFANT ABDUCTION
For suspected or confirmed child abduction, immediately dial “111” or “9-911.” When “Code Pink” is announced over the PA system:

- Stop all non-critical work.
- Go to the nearest exit, elevator or stairwell and observe for any person(s) carrying a suspicious bundle or infant.
- If seen, approach with EXTREME CAUTION.
- Attempt to determine the suspect’s state of mind (agitated, confused or under the influence of medication).
- Always keep the infant’s safety in mind.
- If suspect is uncooperative, do not stop them but follow to vehicle. Get license number and description of vehicle and a detailed description of the individual (height, weight, hair color, clothing, age, distinguishing marks, etc.) and report this information to Security.
- Return to your usual duties/work area when "Code Pink, All Clear" is announced over the PA system.

CODE PURPLE – CHILD ABDUCTION
For suspected or confirmed child abduction, immediately dial “111” or “9-911.” When “Code Purple” is announced over the PA system:

- Stop all non-critical work.
- Go to the nearest exit, elevator or stairwell and observe for any person(s) with a child.
- If suspect is seen, approach with EXTREME CAUTION.
- Attempt to determine the suspect’s state of mind (agitated, confused or under the influence of medication).
- Always keep the child’s safety in mind.
- If suspect is uncooperative, do not stop them but follow to vehicle. Get license number and description of vehicle and a detailed description of the individual (height, weight, hair color, clothing, age, distinguishing marks, etc.) and report this information to Security.
- Return to your usual duties/work area when "Code Purple, All Clear" is announced over the PA system.

CODE YELLOW – BOMB THREAT
If You Receive a Bomb Threat:

- Listen carefully; try to obtain as much information as possible from the caller.
- Dial “111” and give name, location and telephone number.
- Complete the Bomb Threat Checklist.

If You Find a Suspicious Object:

- Do not touch or move a suspected object.
- Do not use radios, cell phone or remote controlled devices; turn off pagers.
- Do not panic, cause alarm, or invite attention to the situation.
- Dial “111” and give name, location and telephone number.

Return to your usual duties/work area when “Code Yellow, All Clear” is announced over the PA system.
CODE SILVER – PERSON WITH A WEAPON/HOSTAGE SITUATION
If you identify an armed intruder or hostage situation:

- SECURE the immediate area, if possible, by removing all patients and personnel.
- NOTIFY the PBX operator and stay on the telephone. Do not hang up.
- REPORT, if it is safe to do so:
  - Location of the armed intruder/hostage situation.
  - Number of hostages taken.
  - Type(s) of problem(s).
  - Any threats or demands.
  - The type and number of participating individuals.
  - The type and number of weapons, if known.
  - Seek cover or protection and warn others.
  - Do not attempt to intervene or negotiate.

If you hear “Code Silver” over the PA system:

- DO NOT go into the area specified in the “Code Silver” announcement. This is an extremely dangerous and sensitive situation that should only be handled by trained authorities.
- DO NOT panic; stay alert.
- Take cover behind locked doors if possible. Secure doors and stand by for further instructions.
- Close all patient and unit doors.
- Return to your usual duties/work area when “Code Silver All Clear” is announced over the PA system.

CODE GRAY – COMBATIVE PERSON
If you are involved in or witness a combative situation:

- Initiate a “Code Gray,” dial “111.”
- Provide the operator with the following information:
  - Your name, department, and extension.
  - Your location.
  - A brief description of the situation.

If you hear “Code Gray” announced over the PA system:

- Stay away from the area unless you are a designated member of the Response Team.
- Keep hospital staff visitors and patients away from the area until the situation is resolved.
- Return to your usual duties/work area when “Code Gray, All Clear” is announced over the PA system.

Note: A concealed weapon or flashed weapon to test reactions escalates this incident to “Code Silver.”
CODE ORANGE – HAZARDOUS MATERIAL SPILL/RELEASE
In the event of a hazardous material spill/release you should:

- ALERT people in the immediate area of the spill to keep away and not to touch the material or walk into it.
  Isolate the area or make the area inaccessible. Call out “Code Orange” and the name of the room that is off limits to notify employees in the surrounding work areas.
- REMOVE all people from the immediate area and close the door(s) to the room. Use warning signs, barricades, or position personnel to keep others out of the area.
- NOTIFY the operator, Dial “111.” Be prepared to provide details.
- PROVIDE assistance; decontaminate and get treatment as appropriate.
- IDENTIFY the chemical. Review the product label or the Material Safety Data Sheet (MSDS). MSDS are available 24/7 by contacting 3E Company (800-451-8346).
- Employees who are not in the affected area are to stay away until clearance is given.

Note: Do not attempt to identify the substance if such an attempt would jeopardize your safety or the safety of others.

CODE GREEN – PATIENT ELOPEMENT
High-risk patient for elopement/patient elopement is defined as a patient who fits the following criteria or who leaves the patient care unit without permission who is:

- On a legal hold (danger to themselves or others).
- Having active suicidal/homicidal ideation and may be on a voluntary status.
- Gravely disabled – unable to provide food, shelter or clothing.
- On a “patient watch” or has a safety attendant/sitter.
- Confused, disoriented or otherwise appearing to lack mental capacity.
- On a conservatorship.

Upon discovery of an eloped patient:

- Immediately Dial “111” and provide the following information:
  - Patient care unit where the patient eloped from.
  - Description of the eloped patient.
  - Time and location the patient was last seen.

If you hear “Code Green” announced over the PA system:

- Staff should monitor all points of exit and surrounding area in their vicinity for persons appearing to be a patient from another unit leaving the facility or who resembles the eloping patient’s description (if available).
- Staff should communicate any suspicious activity to security immediately.

Note: If a patient is missing from the patient care area and does not meet the above criteria, notify the charge nurse and call security services to assist with retrieving the patient.
CODE TRIAGE – DISASTER PROCEDURES

- Code Triage – Emergency Alert: Informs appropriate staff that an event has occurred, or may occur, that could potentially impact the facility.
- Code Triage – Internal: Activation of the organization’s Emergency Operations Plan (EOP) to respond to an event that has occurred within the facility.
- Code Triage – External: Activation of the organization’s Emergency Operations Plan (EOP) to respond to an external event that has disrupted, or may disrupt, the facility’s normal operations.

When “Code Triage – Alert” is announced over the PA system:
- Continue your usual duties and listen for additional announcements.

When “Code Triage (Internal or External)” is announced over the PA system:
- Each department communicates how many employees are on duty and patient census to the Hospital Command Center (HCC) using the Unit Status Worksheet.
- Each department sends a representative to the HCC to learn about the disaster.
- Each department communicates any staffing, equipment, supply or other support needs to the HCC.

When “Code Triage (Internal or External) the Labor Pool is Now Open” is announced:
- All staff should return to their units and complete assigned duties.
- Once unit duties are complete, any available staff will report to the Labor Pool and Sign-in.
  - The Palomar Medical Center Labor Pool is located in the Cafeteria
  - The Pomerado Hospital/Villa-Pomerado Labor Pool is located in the Cafeteria
  - The Palomar Continuing Care Center Labor Pool is located in the Administrative Office
- Return to your usual duties/work area when “Code Triage (Internal or External), All Clear” is announced over the PA system.

Refer to Lucidoc for additional information on Emergency Codes/Procedures.
Radiation Safety

You may encounter two primary sources of radiation: mobile radiation machines and radionuclides used in diagnosis and therapy.

Precautions to take around mobile x-ray machines (conventional x-ray machine or C-arm):
- Move away from x-ray machines when they are about to be activated, at least six feet if possible.
- Wear a leaded apron when you are in a room while a C-arm is in use.

Precautions to take around radionuclides used in diagnosis and therapy (the radiation caution sign tells you that the room is a controlled area and special precautions are in effect).
- Check with the nurse before you enter a controlled room so you’ll know about any specific precautions.
- Maintain some extra distance from the patient. Distance greatly reduces your exposure.
- Minimize the amount of time you spend close to the patient.
- Tell your supervisor if you are or think you may be pregnant.

Radionuclides may be administered IV or orally. I131 which is administered orally is used to treat hyperthyroidism and thyroid cancer. I131 mixes with the patient's body fluids making blood, urine, saliva and even perspiration radioactive.

Remember, when the RADIATION CAUTION sign is up, the room is a controlled area and safety precautions are necessary. It is only taken down after the nuclide is removed and becomes harmless. When this occurs, the radiation level is at natural background levels.

CARING FOR A PATIENT RECEIVING RADIATION THERAPY

- PMC manages patients for both placement of radioactive implants and unsealed sources. (I 131)
- Pomerado Hospital does not receive patients for placement of radioactive implants, but does occasionally have patients with unsealed sources. (I 131)
- Radioactive Isolation is to be instituted automatically for any patient admitted for or with a radioactive implant or for I131 therapy.
- The patient must have a private room.
- Mark the Kardex with sticker stating the patient is in Radioactive Isolation.

PRIMARY CARE PROVIDERS

- Wear your own radiation monitoring film badge. Do not take the badge from the institution.
- Do only necessary nursing care for the patient.
- Wear gloves and foot coverings while caring for the patient or the linen. Remove the gloves and foot coverings as you leave the room.
• Flush toilet twice when emptying bedpan, emesis basin or urinals.
• Mark files and records that patient is in radioactive isolation.
• Provide separate disposal carts for separation of trash and linen.

OTHER PERSONNEL (ANCILLARY, EVS, ETC.)

• SIGN in and out on the log sheet at the door with the time you were in the room.
• DO NOT REMOVE anything from the room!!

PATIENT ROOM

• The Radiation Safety Officer will place a radiation sign on the door of a private room.
• Anything taken into the room remains in the room until released by the Radiation Safety Officer.
• Linen is radioactive and stays in the room.
• Radiation Safety Officer (from Radiology) will notify the EVS supervisor.
• The room may not be terminally cleaned until it is released by Radiology.
• Ancillary personnel entering the room must sign in on the log sheet.

MEALS: The tray is placed near the door on a bedside table and the patient is encouraged to retrieve the tray. Disposable dishes are used.

RESOURCES: Radiation Procedure in Lippincott, Standard Procedures, keyword “radiation”: Procedure is called “Radiation Implant Therapy”
Infection Control

Palomar Health takes action to protect all people who enter our facility from infectious diseases. While we do not expect you to have an exposure to blood or body fluids in the course of your work, accidents can happen. The single most important action for you to take is frequent use of waterless hand antiseptics or hand washing. Palomar Health refers to the CDC-recommended actions for hand washing. Please be sure to wash your hands before eating or smoking, after using the restroom, after removing gloves and after touching a patient, equipment, or surface that might be soiled with blood or body fluids (such as: spit, stool, urine or wound drainage).

Use soap and water hand washing before eating and when visibly soiled or contaminated by blood or body fluids. Do not use alcohol gel for these instances.

Use an alcohol-based hand-rub or soap and water for routinely cleaning your hands:

- Before having direct contact with patients.
- After having direct contact with a patient’s intact skin.
- After having contact with body fluids, wounds or broken skin.
- After touching equipment or furniture near the patient.
- After removing gloves.
- When moving from a contaminated body site to a clean body site on the same patient.
- Before donning sterile gloves.
- Before inserting invasive devices.

Here are some tips on how to use an alcohol-based hand rub:

- Apply 1.5 to 3 ml (size of quarter) of an alcohol gel or rinse to the palm of one hand, and rub hands together.
- Cover all surfaces of your hands and fingers, including areas around/under fingernails and continue rubbing hands together until alcohol dries (about 15-25 seconds).
- Make sure your hands are completely dry prior to putting on gloves.

Wash your hands with soap and water when you feel a “build-up” of emollients on your hands. When using soap and water:

- Wet hands with water.
- Apply one pump of disposable soap.
- Rub hands for at least 15 seconds, covering all surfaces of hands.
- Dry with a disposable towel and use towel to turn off faucet.
HAND HYGIENE MONITOR

In compliance with the National Patient Safety Goal, reduce the risk of healthcare associated infections. Palomar Health has in place a monitoring system to measure adherence to the requirement. This includes direct observation of the actual hand hygiene process when there is an opportunity to do so.

The Infection Department has created a monitoring tool and with the assistance of clinical staff, records actual events. Results are tabulated and reported to different committees.

When you are observed coming out of a patient room, will you score well?

ARTIFICIAL FINGERNAILS

Employees with direct patient care contacts are not to wear artificial fingernails. Artificial fingernails are anything other than one’s own fingernails. They include, but are not limited to, acrylic nails, silk wraps, nail bondings, nail tips, tapes, extenders, gels and inlays. Nail polish should be unchipped and natural nails should be no longer than ¼ inch.

WEARING GLOVES

*Standard precautions* require putting on gloves before:

- Starting any procedure that may involve contact with blood, other body substances, broken skin or mucous membranes.
- Touching any potentially contaminated object.

In addition, *contact precautions* require:

- Putting on gloves before entering the patient’s room.
- Wearing gloves during all patient care.
- Changing gloves after touching infective material (i.e., fecal, wound).
- Removing gloves before leaving the room. **Do not walk in the hallways with contaminated gloves on.**

ALWAYS WASH YOUR HANDS AFTER REMOVING GLOVES TOO.

SPILLS AND PRECAUTION SIGNS

If you see a spill that might be blood or body fluids, call Environmental Services at your facility to report. Never put your hand into a trash container to push down on paper towels or get out an object.

Do not enter a room with a precaution sign posted, unless you are involved in patient care or been instructed by staff to do so. They will help you put on proper personal protective equipment, such as gloves, gown, mask and or goggles.
We will provide you with equipment so that you can be safe. You are responsible for protecting yourself by following hospital policies, using proper work practice and wearing protective equipment.

If you have any questions, please contact the Infection Control Nurse at the facility where you are working.

**SHARP SAFETY**

The following are safe measures when dealing with used needles:

- Do not bend, break, or re-cap dirty needles.
- Pay attention when placing sharps in sharps containers.
- California law requires use of safety devices for all sharps.

**SURFACES, EQUIPMENT, AND PRACTICES**

All patient care equipment must be cleaned and disinfected or sterilized between patient uses.

The wet contact times when using Palomar Health disinfectant wipes is **2 minutes**, unless you are dealing with *C. difficile* then the wet contact time is **5 minutes**.

It is important to identify surfaces, equipment and practices, which have potential for cross contamination.

- All items having contact with mucous membranes must be cleaned and disinfected between patient use.
- Items having contact with intact skin, such as blood pressure cuffs and stethoscopes, need periodic cleaning, and/or when visibly contaminated.
- Clean and dirty work areas should be separated to reduce cross-contamination of supplies.
- Environmental cleaning must be performed on a regular basis to reduce microbial load on surfaces (e.g., commodes contaminated with feces may be a vehicle for spread of *C. difficile* between patients).
- Gloves must be removed and hands cleaned after touching contaminated surfaces or equipment (e.g., urinary collection devices, bedpans, dressings).

**DECONTAMINATION**

- Employees must clean and decontaminate work surfaces and equipment with an approved hospital disinfectant after completing procedures involving contact with blood.
- Employees must also clean and disinfect:
  - When surfaces become obviously contaminated.
  - After any spill of blood or other potentially infectious materials.
  - At the end of the work shift if contamination may have occurred.
- If cleaning up broken glass, use forceps or other mechanical means to sweep up the glass. Broken glass should not be picked up with the hands even if they are gloved.
- Contaminated equipment should be decontaminated after use when possible. If this is not feasible, enclose equipment in plastic and label with a biohazard sign before sending it for service or shipment.
• Bins, pails, cans which may be contaminated with blood and other regulated fluids must be inspected and decontaminated on a regularly scheduled basis.
• Clean items should be covered with a clear plastic bag.
STORAGE OF SUPPLIES

Proper care and storage of supplies is just as important in the prevention of infection as maintaining a clean environment or appropriately reprocessing patient care equipment. Holes, tears, and breaks in package integrity permit the direct entry of organisms. Excessive or improper handling, improper storage techniques, heat, moisture, dust, and dirt can also compromise the integrity of supply packaging. Dropping supplies onto the floor can create enough force to push bacteria and dust into a package without creating any visible indications that the package has been compromised. The standards for proper storage of supplies have been established to minimize contamination from these environmental factors.

Sterile supplies should be separated from non-sterile supplies by a functional barrier, such as a drawer, bin or shelf. This practice prevents the excessive handling of sterile supplies in order to reach non-sterile supplies and minimizes the chances that a non-sterile item will be selected for use when a sterile item is needed. Access to storage areas should be restricted to minimize traffic. If supplies are located in a large storage room, sterile supplies should be located away from doorways and high traffic lanes.

Supplies should be inspected prior to use to ensure that the package is free from tears, dampness, dried water marks, excessive dust or dirt and that the expiration date has not been reached. Any item dropped on the floor must be discarded or reprocessed before use.

EVENT RELATED SHELF LIFE

Sterility Assurance Replaces Expiration Dating
The current recommended practices from regulatory agencies do not require time-related expiration dating for sterile packages. The shelf life of a packaged sterile item is event related and depends on the quality of the wrapper material, the storage and transport conditions and the amount of handling. An event is defined as any type of damage to the package. A date does appear on the package label. This is not an expiration date. It is a control date for stock rotation or for recall purposes. Each item, intended for use as a sterile product, must be labeled with a lot control number, a control date, and the following statement (or an equivalent): “Contents sterile unless opened or damaged.” We need an inventory control number because instruments can corrode after one year of packaging and latex or rubber products can degrade. Sterile storage must be arranged to facilitate stock rotation. Stock must be rotated according to the principle “first in, first out.” (e.g., the “oldest” packs should be used first).

Storage of all sterilized items should be designed to insure minimal handling during retrieval.

Examples of poor storage:

- Picking up many packages to thumb through them to find the right size. This is mishandling sterile pouches and threatening the integrity of the packages through: friction of the packages being rubbed together, hand pressure and air.
- Stuffing or squashing them into a tight container decreases package integrity.
PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE such as gloves, eye protection, cover gowns, and masks should be available in all areas where exposure might occur.

Remove PPE before leaving the work area. PPE must be discarded at the area where it was used. Gowns, gloves, masks, shoe covers, etc. are not to be worn in the halls or nursing stations.

If clothing is soaked by blood or other potentially infectious fluid, the HCW should:

- Remove the clothing immediately or ASAP.
- Flush eyes with water ASAP after an eye exposure to blood or other potentially infectious fluid.
- Report any/all blood borne pathogen exposures immediately to your supervisor.
- Handle specimens using universal/standard precautions and transport in a plastic bag or leak-proof container with a biohazard label.

WHAT ARE “MULTI DRUG RESISTANT ORGANISMS” (MDROS) LIKE “MRSA”, “CDAD”, “ESBL” AND “VRE”?

These are strains of bacteria (germs), which live in or on our bodies, which have developed resistance to the antibiotics commonly used to treat infections caused by these organisms. They are becoming more common as resistance evolves and are harder to treat when they do.

“MRSA” refers to “methicillin-resistant Staphylococcus aureus.” 25-30% of us carry staph in our noses at any given time “VRE”, refers to Vancomycin resistant enterococci. All of us carry enterococci in our intestines.

“CDAD” refers to Cidificile-associated diarrhea.

“ESBL” refers to Extended Spectrum Beta Lactamaise resistant organisms (e-coli, proteus, klebsella pneumoniae infections that have developed resistance to common antibiotic treatment).

SUPPLIES/EQUIPMENT

Supplies in the room of a patient who is colonized/infected with MDROs should be kept to a minimum. They should not be handled while wearing soiled gloves. Unopened, sterile supplies and medications can be returned to the appropriate area after being wiped down with the hospital disinfectant. Opened, contaminated, unwrapped or damaged items must be discarded or disinfected. Any item used recurrently that has direct skin contact (e.g. blood pressure cuff, stethoscope) should, if possible, be dedicated to the patient until discharge. Any shared item needs to be cleaned with the hospital disinfectant after each use.
Patients with MDROs are given education on the MDRO via handouts available in Krames on Demand. Make sure to document when education is provided.

**CENTRAL LINE INFECTION PREVENTION**

A checklist is used to assure that practices proven to reduce infection are adhered to. These include:

- Handwashing with soap and water or alcohol-based hand rub.
- Chlorhexidine skin prep.
- Maximal sterile barriers.
- Optimal insertion sites (avoid femoral).

Physicians monitor the patient daily to make sure the patient still needs the central venous catheter. Education handouts are available on Krames on Demand.

**SURGICAL SITE INFECTION PREVENTION**

Palomar Health complies with SCIP (Surgical Care Improvement Project) measures to reduce risk associated with surgical procedures. Education handouts are available for patients on Krames on Demand.

**CATHETER ASSOCIATED URINARY TRACT INFECTION PREVENTION (CAUTI)**

CAUTI is a 2012 Joint Commission NPSG and Palomar Health has created a CAUTI prevention team. Below are CDC acceptable reasons for an indwelling foley catheter.

- Output monitoring for the critically ill
- Peri-op use for certain surgical procedures
- To assist in healing of open sacral or perineal wounds in incontinent patients
- Urinary retention
- To improve comfort for end of life care if needed
- Patient requires prolonged immobilization (i.e.: unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures)
- Urinary Catheter care to prevent UTI

The following are measures to prevent a CAUTI:

- Remove ASAP (document discontinuation in IVIEW TUBES/DRAINS/DEVICES Band
- For Surgical patients, catheters are removed POD2 (to meet CORE Measure of Surgical Care Intervention Program – SCIP)
- Provide peri care q shift with soap and water
- Anchor urinary catheter to leg with securement device
- Avoid dependant loops
- Maintain the seal between the catheter and the drainage tubing
- Obtain urine samples aseptically
- Avoid irrigation
INFLUENZA PREVENTION

CDC Influenza prevention measures include:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.)
- While sick, limit contact with others as much as possible to keep from infecting them.

CDC Respiratory Hygiene and Cough Etiquette measures include:

- Use source control measures to contain respiratory secretions to prevent droplet and fomite transmission of respiratory pathogens, especially during seasonal outbreaks of viral respiratory tract infections (e.g., influenza, RSV, adenovirus, parainfluenza virus) in communities.
- Implement the following measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at the point of initial encounter in a healthcare setting.
- Signs are posted at entrances and in strategic places (e.g., elevators, lobbies) within ambulatory and inpatient settings with instructions to patients and other persons with symptoms of a respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions.
- Tissues are provided with no-touch receptacles (e.g., foot-pedal operated lid or open, plastic-lined waste basket) for disposal of tissues.
- Conveniently-located dispensers of alcohol-based hand rubs and, where sinks are available, supplies for handwashing are provided.
- Masks are offered to coughing patients and other symptomatic persons (e.g., persons who accompany ill patients) upon entry into the facility.

HAND HYGIENE

Hand Hygiene after any patient and environmental contact is still the best control measure. Hands must be cleaned after removing gloves and gown. Patients must be placed in a private room or with another patient with the same MDRO. Gloves must be worn to enter the room. An isolation gown must be worn for any anticipated contact of that part of one’s body with the patient, patient care items, or the patient’s environmental surfaces. Equipment that comes in contact with the patient should preferably not be shared.
Any equipment that will be shared (such as stethoscopes, IV poles, stretchers) must be wiped thoroughly with the hospital-approved disinfectant prior to being used on another patient.

**TUBERCULOSIS**

Tuberculosis (TB) is an airborne infection. It is not spread by contact with dirty items, soiled tissues or by touching a patient. The germ must be inhaled.

During 2003, a total of 14,871 TB cases (5.1 cases per 100,000 population) were reported in the United States, representing a 1.4% decrease in cases and a 1.9% decline in the rate from 2002. This decline is the smallest since 1992, when TB incidence peaked after a 7-year resurgence.

The state of California reported 3,230 new cases of TB in 2003; an increase of 1.9 % from 3,169 cases reported in 2002.

**Latent Infection vs. Disease:**
Latent infection means someone has the bacteria present in the body but they are not actually ill with the disease. The only sign is a positive skin test.

**Signs of Active Disease Include:**
- Fatigue
- Fever
- Night sweats
- Weight loss
- Cough (pulmonary infections)
- Blood-tinged sputum (pulmonary infections)

The risk of developing TB is greatest for those who have prolonged contact with an infectious person in an enclosed setting. However, it is possible that a person could be exposed anywhere in the hospital. Hospitals and clinics are required by law to screen all employees on hire and annually for TB. The screening skin test is PPD (purified protein derivative).

Persons who have a negative skin test on hire must repeat the test at least once a year.

Persons with a prior or newly positive skin test on hire are screened for active disease by checking symptoms, QFT Test and having a chest x-ray.

**QFT Tuberculosis Test/Quantiferon-TB Test:**
This tuberculosis test measures the release of interferon-gamma (IFN-g) in whole blood in response to stimulation of the purified protein derivative from M. tuberculosis. In laymen's terms, the QFT tuberculosis test measures a person's immune reactivity to Mycobacterium tuberculosis, the bacterium that causes tuberculosis.

These employees must fill out an annual health questionnaire asking if they have experienced any of the symptoms of TB. Employees with a positive health questionnaire receive a chest x-ray.
It does no harm to repeat a skin test unless there has been a severe reaction (for example, skin blistering) to the test.
BCG:
Persons from countries where tuberculosis is more common may have had a tuberculosis vaccine called BCG. Current recommendations require that a PPD skin test be performed if it has been several years since the vaccine. The BCG vaccine will initially cause a positive PPD reaction, but this reaction usually wears off over time. In addition, the vaccination does not necessarily prevent TB infection. Persons with a positive PPD several years after BCG should assume that this represents true infection, and should keep a record of the size of their skin reaction.

Recommendations on repeat annual skin testing will depend on the presence and size of any reaction.

TB Screening:

- ALL patients must be screened by nursing or the primary healthcare provider for signs/symptoms of TB. Criteria:
  1) Close family member diagnosed with tuberculosis
  2) Chronic cough greater than 2 weeks
  3) Bringing up sputum/bloody sputum every day for 1 week or more
  4) Chronic feeling of fatigue, listlessness greater than 2 weeks
  5) Fever greater than 1 week duration
  6) Night sweats
  7) Unexplained weight loss or severe loss of appetite
  8) Any immune-compromising disease (i.e. cancer, hepatitis, AIDS)
  9) Steroid use

- Identify date of last TB skin test and result of last TB skin test.
- Review data. If patient has a close family member with TB and any item #3-8 (above) or 4 or more of any items:
  1) Place patient immediately on Airborne Precautions.
  2) Notify Infection Control (ext 2796 at Pomerado, ext 3396 from PMC).

Prevention of Transmission from Patients with Active TB:

- Recognize possible cases in a timely fashion.
- Prevent the patient from coughing germs by having the patient cough into tissues.
- Place patient on AIRBORNE precautions in a negative air pressure room with an AIRBORNE precautions sign on the closed door.
- If a Negative Pressure air room is not available, put patient in a private room with a HEPA machine. Remember to keep the door closed as long as the patient stays on AIRBORNE isolation. Rooms are checked by Facilities for appropriate airflow.
- Keep germs from entering your lungs by wearing an N95 or PAPR mask when in the presence of a patient with possible TB. OSHA requires fit testing for the N95 Mask.
- Give tuberculosis medications as ordered.
- Follow-up screening will be provided to all healthcare workers who were in contact with an active TB patient before proper isolation was started.
• Special cleaning procedures are not needed for supplies/equipment used for patients on Airborne Precautions.

**BLOODBORNE PATHOGENS**

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

**Transmission of disease depends on a number of variables, including:**

- Amount of blood or potentially infectious fluid to which the individual is exposed.
- Amount of pathogen in the fluid.
- Frequency of exposure.
- Duration of exposure.
- Virulence/potency of the pathogen.
- Immune status/function of the exposed individual.

**Hepatitis B Virus (HBV):**

- The CDC estimates that there are 8,700 new cases of occupationally acquired HBV infection among health care workers (HCWs) in the United States each year.
  - There are an estimated 200 deaths in HCWs each year as a result of fulminant or chronic HBV infection.
  - Some HCWs (6-10%) who are infected with HBV become carriers and can transmit HBV to others. Carriers are at increased risk of liver ailments including cirrhosis and liver cancer.
- The risk of infection from a needle stick or mucous membrane exposure to HBV-infected blood ranges from 30-300 infections per 1000 (3-30%); the highest risk (30% per exposure) is exposure to blood, which carries the 'e' antigen of HBV (HBeAg).
- Hepatitis B vaccine is highly effective and is indicated for all HCWs who are expected to have contact with blood or other potentially infective materials defined under universal precautions, as a result of their job.
  - OSHA regulations require that employers provide the HBV immunization series at no cost to employees who could have occupational exposure as defined above.
  - HBV vaccine is available through **Employee Health**.
  - HBV vaccination requires a series of 3 injections. An antibody titer should be drawn 4-6 weeks after the final injection. If the titer is found to be too low, the health-care worker will be given additional vaccine. If adequate antibody titers do not develop after two additional injections, the HCW is considered to have failed to respond to HBV immunization, but can receive effective post-exposure treatment using Hepatitis B immune globulin (HBIG).
  - Once a HCW has completed the HBV vaccination series **AND** has demonstrated an HBV antibody titer, s/he is felt to be protected from HBV even if the titer subsequently drops.
  - Currently, routine HBV boosters are not recommended. However, if the HCW has been previously immunized and is then exposed to blood from a source found to be positive for HBV surface antigen (active infection), then s/he should be given one dose of vaccine and HBIG.
  - Employees who do not wish to have the vaccine must sign a specific form stating that they have been offered the vaccine but are declining it at this time. An employee who signs a declination form can at any time during future employment ask for and receive the vaccine series.
Human Immunodeficiency Virus (HIV):

- The number of people infected by HIV (the virus which causes AIDS) during occupational exposure is very small.
- The risk of HIV infection from a work-related exposure to HIV-infected blood (through needle stick or mucous membrane exposure) is ~ 0.3 % for needle sticks and <0.1% for mucous membrane or non-intact skin exposure.
- HIV infection may initially cause no symptoms - or only mild symptoms. Over time HIV infection causes progressive destruction of the immune system, allowing opportunistic diseases, which cause devastating effects and death.
- To date, less than 170 HCWs have been reported to acquire HIV through occupational exposure in the USA.

Hepatitis C Virus (HCV):

- Preliminary studies indicate that risk of infection following needle stick exposure to a source that has Hepatitis C is approximately 3.5%.
- The current Hepatitis C test does not tell us if the patient currently is infectious at the time of the test, only that the patient has been infected.
- No vaccine or other therapy currently is available and effective in preventing HCV infection.

**TRANSMISSION-BASED PRECAUTIONS**

Transmission-Based Precautions are designed for patients documented or suspected to be infected/colonized with highly transmissible diseases for which additional precautions beyond Standard Precautions are needed to interrupt transmission. Based on CDC Guidelines, the three categories of Transmission-Based Precautions include:

- Airborne Precautions
- Droplet Precautions
- Contact Precautions

These categories may be combined for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions.
Latex Precautions

Lucidoc: Latex Precautions Management #17583

LATEX SCREENING

- Who? Patients in all areas (inpatients and outpatients) are screened for sensitivity to latex (unless the area has established itself as “latex” free”, e.g.: outpatient lab).
- How? Use the latex-screening tool in Clarity.
- If you have any YES answers to the screening tool:
  - If you receive a YES answer: question to make sure the YES is accurate.
  - Complete the Latex Questionnaire.
  - Add up the numbers – score the questionnaire.
  - This should be completed while interviewing the patient (not completed by the patient).

LATEX PRECAUTIONS

- If the patient’s score is 3 or above on the questionnaire:
  - You will be prompted to ask more questions on the detailed latex questionnaire.
- If the patient’s score is 4 or below and “yes” answers are marked for sensitivity (questions #3 and #4 as stated on the form):
  - Institute LATEX PRECAUTIONS.
- If LATEX PRECAUTIONS are to be instituted:
  - Obtain the latex precautions cart located in SPD at POM and PMC. Located on-site at other facilities.
  - Place green armband on patient to signify latex allergy.
  - Notify provider of implementation of Latex precautions.
  - Update allergy section in Clarity – search and select “latex”.
  - Enter “precaution” order in Clarity – choose “latex”. This will update precautions on yellow banner bar in Clarity.
- If the patient is a surgical patient:
  - IT IS IMPERATIVE TO NOTIFY SURGERY IMMEDIATELY!!!! (Failure to do so may result in a 30 min to 3 hour delay in surgery.)
  - Latex cart goes to OR with the patient.
Privacy Rules & Responsibilities

The Health Insurance Portability and Accountability Act of 2003, commonly known as HIPAA, includes a large body of legal requirements for the protection of patient privacy and information security. California healthcare organizations must also comply with State laws which govern patient privacy and information security. Failure to do so can result in fines and penalties for Palomar Health and the violator!

The California Office of Health Information Integrity can assess penalties against nurses, physicians and employees for breaches of the Confidentiality of Medical Information Act (CMIA.) Current fines for violations of CMIA range from $2,500 for negligent unlawful disclosures up to $250,000 for unlawful disclosures for the purpose of financial gain.

KEY POINTS TO UNDERSTANDING PATIENT PRIVACY

- Protect our patients’ health information in all forms:
  - Verbal discussions
  - Written on paper
  - Computer applications/systems
  - Computer hardware/equipment
- Don’t use cell phone cameras in clinical areas. Taking photos of patients for any reason not directly related to their care is not permitted without written permission from the patient.

USE AND DISCLOSURE

Requests for patient information should be referred to the Health Information Services Department-Medicolegal Specialists for handling:

- Palomar Medical Center: (760) 739-3282
- Pomerado Hospital: (858) 613-4132

LAW ENFORCEMENT REQUESTS FOR INFORMATION

Refer all requests by law enforcement for disclosure of Protected Health Information (PHI) to the Health Information Services Department for review and necessary action. If after hours, refer such requests to the Nursing Supervisor or the Administrator-on-call.

MEDIA REQUESTS FOR INFORMATION

Call the PBX Operator if you are approached by a member of the media requesting information on one of our patients. PBX will contact the Marketing Department and Security. Request that the member of the media wait in the lobby until Marketing and Security arrive. You are not authorized to give out any information about our patients.
CONFIDENTIALITY

- Understand that what you see here, what is said here, must REMAIN here. Do not discuss patient information outside your need to conduct your assigned duties. Do not take patient information off site.
- Case discussion, consultation, examination and treatment are confidential and should be conducted discretely.
- Conversations about patients must be confined to appropriate areas (private location) with people who are involved in the patient’s care.
- All hospital personnel are responsible for controlling and enforcing the principle of confidentiality regarding the information contained in each medical record process and/or medical record file. This principle applies to paper, microfilm, microfiche, x-ray file, computer/electronic or any other media type.

CONTACTING THE PRIVACY OFFICE

Gather any PHI found unattended or in an unauthorized area and contact the Privacy Office immediately at 760.739-3289. Report any suspected privacy violation immediately so that Palomar Health can comply with timely reporting guidelines.

- Information Privacy Officer (IPO), Kim Jackson (760) 739-3290
- Privacy Office (760) 739-3289

DON'T LET CURiosity GET THE BEST OF YOU

Persons caring for the patient have a right to review information found in the patient’s medical record (computer, paper or other media). Persons reviewing records without a “need to know” are subject to disciplinary action up to and including termination.

- Don’t access medical records for family, friends, co-workers, or neighbors without proper authorization. To obtain proper authorization contact the Health Information Services Department.
- Keep out of the patient’s medical record unless you need access to do your job.

FAXING GUIDELINES

- Faxing of patient information is discouraged. Only fax, if authorized to do so, to meet the needs of immediate patient care. In all other cases, please refer requests to the Health information Services Department.
- Any authorized staff member who faxes patient information is required to follow the Palomar Health Faxing procedure and must perform the faxing time out.
- Faxing Procedure and Time Out Flyer can be found and printed from any Palomar Health location by:
VERIFYING PATIENT IDENTIFICATION

Patient safety requires the use of two patient identifiers when discharging, transferring, or registering a patient. Verify that the paperwork is for THAT patient by matching two patient identifiers on the patient’s name band with the same two patient identifiers on the discharge papers.

FACILITY DIRECTORY

Patients are asked, at admission, if they want to opt in or out of the Facility Directory.

- **Opt In:** Staff may acknowledge that the patient is here when callers or visitors ask for them by name. The appropriate clinical staff (nursing personnel or the physician; NOT students, volunteers or contract staff) can release a one-word description of the patient’s condition from this list: undetermined, good, fair, serious or critical.
- **Opt out.** Staff may NOT acknowledge that the patient is here, responding only: “I cannot provide you with any information at this time.”
- **ANP/VOV patients:** DO NOT ACKNOWLEDGE their presence in our facilities, responding only: “I cannot provide you with any information at this time.”
**Information Security**

**SIMPLE STEPS THAT YOU CAN TAKE TO ENSURE INFORMATION SECURITY**

**Password Security:**
- NEVER share passwords!
- Commit your password to memory and change your password at least every 6 months.
- Create “strong” passwords, at least 6 characters in length that are not easy for others to guess (including upper and lower case, numbers and symbols). Never use dictionary words, your name or family names.
- Each user will be responsible for activity performed using their user ID and password.

**Email Security:**
- Encryption must be used on all emails containing confidential/sensitive patient/employee data. This will ensure message encryption when the message leaves the Palomar Health network.
- The subject line is excluded from encryption protection; therefore, confidential data should never be placed in the subject line.
- To encrypt a message, type "pphsecure" anywhere in the subject line of your email. This method is also to be applied when emailing a scanned document from a Xerox Work Centre.
- Do not email confidential Palomar Health patient or employee information using Internet based email programs (e.g., Yahoo, MSN, Gmail, etc).
- Refer to the Data Encryption # 20730 Lucidoc procedure.

**Computer Security:**
- Log off or “Lock” the computer when you leave it unattended or finish using it. Be a team member: if you see a computer signed on and the individual is not in “control of the computer”, log the computer off. Do not use it with the other person’s logon.
- Do not save patient or confidential information to a laptop, PC or removable drive (such as: USB, thumb or flash drive) unless it is encrypted. Protect data and work files by storing them on the network and not on the local “C” drive. Only network files are backed up by Information Systems.

**Patient Privacy and Security Monitoring:**
- Palomar Health monitors access to patient information. Please remember that snooping is inappropriate and considered a crime, just don’t do it. Snooping is looking at patient records that are not part of your assigned job duties or related patient care. This includes viewing records of family, friends and VIPs. Only access patient data as needed to complete your job duties.
User Access:

- Access to and use is limited to legitimate Palomar Health business, to be conducted in compliance with professional and business standards, pertinent regulations and laws.
- Access to Palomar Health systems is not for personal use, i.e., accessing or reviewing records of family members, friends, VIP’s, etc unless you are providing direct patient care or your job duties at Palomar Health require you to do so. No exceptions!

Other Reminders:

- Place all CDs/DVDs and paper that contain or could contain PHI or other sensitive data, in locked confidential trash bins which are located throughout each facility. For example, your daily worksheets, reports, notes, etc).
- Report information security issues or concerns. to any of the following:
  - IT Service Center at (858) 613-4357
  - Information Security Office at InformationSecurity@pph.org
  - Information Security Officer (858) 675-5115

ONLINE SOCIAL NETWORKING

Employees have the right to free speech when conducting online activity outside of the workplace. However, ‘what’ employees post is not fully protected. Please note the following:

- Palomar Health prohibits the posting of any patient health information or material that may violate local, state, or federal laws or regulations.
- If an employee lists work affiliation on a social or professional network, the employee should consider any communications made or views taken to be reflective of Palomar Health.
- Employees are personally responsible for what they post. Avoid online activity that discloses Palomar Health proprietary, confidential, or patient information.
- Employees are legally responsible for their postings, and will be subject to liability if posts are found defamatory, harassing, or in violation of any other applicable law.
- When in doubt, do not post.
- Online activity includes, but is not limited to, the following:
  - Blogs; both internal and external to Palomar Health
  - Online references that allow posting such as Wikipedia and Digg
  - Professional networks such as LinkedIn and Spoke
  - Social networks such as Facebook, Myspace and Twitter
Performance Improvement and Risk Management

PERFORMANCE IMPROVEMENT

Performance Improvement (PI):
- Incorporates key principles
- Strives to reduce variation
- Promotes improved performance and quality throughout the organization (both in patient care and support services)
- Requires a collaborative effort.

Key PI Principles Include:
- Customer Driven – focus on internal and external customers (patients, family, physicians, employees, etc.).
- System Optimization – we are a system of interdependent parts, all with the same mission.
- Continual Improvement and Innovation – encourages a systematic and scientific approach to continually improve and control the organization’s processes.
- Continual Learning – a culture of seeking knowledge.
- Management through Knowledge – decisions based on knowledge, confirmed with facts and data, and driven by statistical thinking.
- Collaboration and Mutual Respect – everyone with a mutual respect for the dignity, knowledge, and potential contributions of others.
- Reduce Variation – following policies and procedures.

FOCUS-PDCA MODEL

FOCUS-PDCA model is used for Performance Improvement:

<table>
<thead>
<tr>
<th>Find a process to improve</th>
<th>Plan the improvement and the data collection</th>
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</thead>
<tbody>
<tr>
<td>Organize to improve</td>
<td>Do the improvement and data collection</td>
</tr>
<tr>
<td>Clarify how things currently work (what are the steps)</td>
<td>Check the results of the implementation</td>
</tr>
<tr>
<td>Understand variation (five people do it five different ways)</td>
<td>Act to hold the gain and continue improvement</td>
</tr>
<tr>
<td>Select an idea to test for improvement</td>
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Performance Improvement focuses on outcomes of care, treatment and services. PI opportunities are identified by measuring performance through data collection, assessing our current performance, and conducting safety surveillance rounds.

Performance Improvement is a responsibility shared by everyone – administrators, managers, nurses, support staff, ancillary staff, volunteers, students, and contract employees. Patient safety is our highest priority! It must be our first consideration in everything we do.
SMILE: Framework Script for Communication

** SMILE: FRAMEWORK SCRIPT FOR COMMUNICATION **

**Share yourself**
- Eye contact
- Your name and role

**Make it clear**
- What’s happening & why
- Who is involved
- What the patient needs to do

**Inform on timing**
- How long it will take
- How long until the next caregiver comes by

**Listen with care**
- Ask about needs and wants
- Summarize your understanding of feelings and concerns with empathy
- Answer questions in a caring manner
- Clarify requests by asking questions

**End with kindness**
- Ask if there is anything else you can do
- Thank the customer for choosing Palomar Health

**WHAT DO PATIENTS WANT?**

Research indicates:
- Patients want to be treated with dignity and respect.
- They want to know what is going to happen to them and why.
- They want us to be timely in all that we do.
- Attitude, communication, and caring behaviors impact patient’s satisfaction the most.
- Therefore, personalize the sample scripts so they feel natural to you. Say them sincerely so that your customer feels cared for and respected.
WHAT ARE PALOMAR HEALTH’S PATIENT-CENTRIC COMMUNICATION STANDARDS?

The SMILE framework is our vehicle to deliver the patient-centric communication standards:

Communicate with Patients:
Every patient receiving service will be told the name and role of the staff member, what is being done and why.

Listen to the Patient:
Every patient will have their most important need of the day identified and addressed.

Anticipate and Respond to Patient Needs:
Caregivers will round on their assigned patients hourly to assess and respond to patients’ needs related to pain, position, personal needs, and presence.

Patients will be Well Informed about Services and Events:
Every patient will be kept informed about their scheduled event. In case of delay, the patient will be updated every 15 minutes.

WHY USE THE SMILE FRAMEWORK?

This framework provides a way to communicate effectively with patients and families as well as co-workers. Evidence shows that standardizing the use of a script provides:

- Decreased anxiety
- Increased compliance
- Improved clinical outcomes
- Increased patient and physician satisfaction
Blame-free Reporting

The Palomar Health leadership is committed to encouraging reporting of errors and unsafe conditions. The leadership recognizes that if we are to succeed in creating a safe environment for our patients, employees and visitors, we must create an environment in which it is safe for caregivers to report and learn from errors.

By establishing the Blame-Free Medical Error Reporting Philosophy Statement, Palomar Health leadership encourages the reporting of all types of medical errors, injuries and near misses (potential for error or injury) as a means to identify, assess and improve processes to provide a safe environment for patients and healthcare workers.

The focus of blame-free reporting is performance improvement, not punishment. It is assumed that employees are doing their best and that errors are not the result of incompetence or misconduct. This does not, however, negate the initiation of additional education and training for the individual, if warranted. In addition, blame-free reporting does not mean that individual accountability has no place in the process. It does imply that the employees and leaders are equally accountable for patient safety.

Teamwork, denoted by commitment and effective communication, is critical for patient safety. Each employee and physician has a role including simple, but critical items, such as checking the patient ID bands for “right patient”, reporting patients’ questions and concerns to the nurse and/or care provider, discussing your individual concerns with the nurse or care provider, and reporting actual medical errors and/or near misses. You can help improve patient safety by:

- Knowing and complying with Palomar Health’s policies and procedures.
- Listening to and/or observing your patients and their families.
- Proactively identifying and reporting risks for errors before they occur.
- Being aware of the error prevention methodologies and techniques in your specific department or within the organization.
- Reporting all adverse medical errors and/or near misses.
- Consistently checking for the right patient by using the two identifiers.

For the general in-patients the two designated identifiers are:

- Patient’s name
- Medical record number or Financial number (Fin number)

For Laboratory patients and Behavioral Health patients, the designated identifiers have been modified. (Please consult your manager.)

YOU CAN MAKE A BIG DIFFERENCE!!!!

If you have any questions regarding patient safety, talk to your supervisor or manager.
Patient Safety

Everyone is responsible for providing a safe environment. Promptly report unanticipated outcomes/near misses both to identify and to correct system problems.

An unanticipated outcome from any treatment or procedure maybe the result of: Omission (failure to perform), Commission (perform the wrong task), and/or Execution (unacceptable performance).

Risk Management activities include Identification and investigation of risks, Analysis and Quantification of risks, and Elimination or Minimizing risks. Safety is an active process that employs preventive and corrective action to avoid injury. Actions to eliminate and/or minimize risks include:

- Compliance with regulatory standards.
- Communicating effectively.
- Teamwork.
- Providing patients and their families with appropriate information and ensuring they understand it.
- Using evidence-based practices.
- Eliminating blame as a response to error.

ASK YOUR SUPERVISOR WHAT YOU CAN DO TO MAKE THINGS SAFER FOR PATIENTS – EVERY DAY, YOU CAN MAKE A DIFFERENCE!

WHO SHOULD REPORT AN INCIDENT?

The individual who first identifies a risk to patients, staff or visitors must report the incident; however, everyone is expected to report errors and close calls. Reported information is confidential and protected. Help prevent harm to patients, visitors, yourself and coworkers!

WHAT SHOULD BE REPORTED?

You must report mistakes, accidents, unusual events, near-misses (potential harm), sentinel events, threats, misconduct, deliberate harm, unreliable or defective equipment, trends (falls, skin ulcers, etc.) and unanticipated outcomes.

Quality Review Reports (QRRs) are: a written factual account of the details of a happening or event; a tool to identify process problems, not people problems. It is NOT intended to punish.

A Sentinel Event is a death or serious harm to a patient which requires immediate action. It requires an immediate verbal report to your supervisor or House Supervisor (on off-shifts) and completion of a written Quality Review Report (QRR). The supervisor will notify the Administrator on-call.
If you think that there are quality or safety issues, please report them to your immediate supervisor, Palomar Health’s Risk Manager or by calling the Patient Safety Hotline at x3003. Any employee who has concerns about the safety or quality of care provided in the hospitals may report these concerns to the Joint Commission without fear of disciplinary action.

**PATIENT IDENTIFICATION**

All patients must be properly identified prior to any care, treatment or services provided. In the hospital setting, every patient shall have a tamper-proof non-transferable ID band applied securely to at least one extremity at all times. The band includes the patient’s first and last name, medical record number, FIN (financial ID number), date of birth and gender. If the patient has more than one alert band all of the bands should be applied to the same extremity.

The ID band must be on the patient before any procedure is carried out and will be checked for the following two identifiers to ensure that the correct patient is involved:

- Patient name
- Patient medical record number (Date of Birth for Outpatient without ID band)

Staff shall verbally assess the patient to assure proper ID, asking the patient to state their name and date of birth and then match the verbal confirmation to the written information on the ID band. No procedure shall be conducted when the patient’s identity cannot be verified because the imprinted band is illegible or missing. Patient ID must be confirmed using the two-identifier system prior to conducting any health care procedure, administration of blood or blood products, administration of medications or obtaining any laboratory specimens.

**PATIENT SAFETY PRACTICES**

**Medication Management:** Medication processes are a major focus for Palomar Health because they are potentially the area of greatest risk to patient safety. The following patient safety practices are part of our patient safety program:

- All staff seek to identify and report errors before they happen.
- A pharmacist reviews drug prescriptions written by physicians before being dispensed.
- Drug orders are screened for duplications, appropriate dosing, drug interactions and allergies.
- A second pharmacist further screens high-risk and problem prone drugs with a double check.
- Nurses verify drugs before administration and a second RN checks high-risk drugs.
- Nurses and other healthcare practitioners authorized to administer medications:
  - Assure that they are not interrupted during preparation for administration of medications.
  - Use the 5 rights every single time a drug is administered.
- Each patient is verified using two forms of identification – patient’s name and medical record number.
- Separate storage and different labels have been implemented for look-alike and sound-alike drugs.
- Pyxis units are utilized for medication dispensing in all nursing care areas.

**Falls Prevention:** The risk of falling while hospitalized is high, especially if the patient is elderly, weak and /or confused. The following actions are taken to help prevent and reduce falls:
• All staff are constantly looking for and reporting risks that may cause a fall.
• Patients are assessed on admission to identify those patients at greatest risk for falling and appropriate falls precautions are taken.
• Non-skid slippers are provided for patients.
• Bed alarms are used for certain high-risk patients.
• Place a leaf sign outside the patient’s door.

RestRAINT USE: Restraints can be an area of risk for patient safety if used inappropriately. Because of this, extensive procedures have been developed that guide the use of restraints. The procedures ensure the following:

• Restraints are used only when they are indicated by the patient’s condition and ordered by the physician.
• Each episode of restraint use is reviewed and monitored by the staff with the goal of discontinuing them as soon as possible or using alternatives to keep the patient safe.
• Staff is trained and demonstrates their ability to safely apply and remove restraints.
• While patients are in restraints, they are monitored to be sure they are safe and their needs are met.
• Whenever possible, patients and/or their families are involved in the decision whether or not to use restraints.

Surgical Safety (TIME OUT): Wrong site, wrong person, wrong procedure or wrong surgery can be prevented. The Universal Protocol is applicable to all operative and other invasive procedures that expose patients to harm, including procedures done in settings other than the operating room. (Palomar Health Procedure #3669: Surgical Site and Special Procedure(s))

Verification specifies the following actions for eliminating wrong site, wrong procedure, and wrong person surgery:

a. Pre-operative verification processes to review and verify that the patient’s informed consent and/or medical record describe the surgical/special procedure and laterality, as appropriate.
b. Patient identification using two identifiers.
c. Physician, or other licensed independent practitioner credentialed to perform the procedure, marking the operative site.
d. Conducting a “time out” immediately before starting the procedure. All persons present in the room must actively engage in the time out.
e. Documentation of steps a. through d. in the patients’ medical record.

Clinical Alarm Systems: Are used to alert nurses and other patient caregivers to potentially hazardous situations that warrant urgent attention. Once triggered, a consistent and timely response is required to promote patient/resident safety. Clinical alarms include, but are not limited to, ventilator alarms, cardiac monitor alarms, infusion pump alarms, wander guard alarms, etc. To ensure the safety of our patients/residents, the patient caregivers must know the following:

• The procedure(s) for the setting the alarms parameters.
• How to troubleshoot the alarms.
• Be able to distinguish between the different alarms.
• Be able to hear the alarms and respond within a timely manner.
• If silenced, the caregiver must be sure to check equipment to ensure the alarms are turned on prior to leaving the patient's room.
Restraints for Acute Care Patients

Lucidoc: Restraint Use: Nonviolent Behavior Interference with Medical Treatment # 39872
Restraint for Violent and Self Destructive Behavior # 11445

RERAINT INTRODUCTION

Palomar Health Leader’s philosophy, commitment and standard is to protect the rights, dignity, well being and safety of patients, and to reduce health and safety risks while ensuring that all patients have the right to be free from any restraint that is not medically necessary or imposed as a means of staff coercion, convenience, discipline or retaliation. This standard is applicable to all treatment settings, stressing individual patient assessment and the use of the least restrictive interventions when the use of restraints is necessary. For those of you who are healthcare providers, the standards, assessments and interventions are detailed in the Lucidoc procedures. Any placement or replacement of restraints needs to be done in conjunction with the RN providing care for the patient.

What is Restraint?
Restraint is any manual method, physical or mechanical device, material or equipment that immobilizes or restricts the ability of a patient to move his or her arms, legs, body or head freely. Physical restraint includes Geri-Chair with lap tray, side rails x4, use of enclosed beds and hand mitts secured to the bed.

What is NOT a Restraint?
Usual and standard practices related to medical, dental, diagnostic or surgical procedures and related post procedure care such as IV arm boards, knee immobilizer, or surgical positioning is NOT considered restraint. Whereas the use of handcuffs and other like devices by law enforcement is considered to be restraint for law enforcement purposes, it is not considered restraint for healthcare purposes. See also: “Security – Pts who are Law Enforcement Prisoners.”

Restraint Terminology has changed to:
• Restraint for Non-Violent Behavior (formerly “Medical” or “Supportive” Restraint)
• Restraint for Violent or Self-Destructive Behavior (formerly “Behavioral Restraint”)

STANDARDS OF PRACTICE – RESTRAINT USE FOR NON-VIOLENT BEHAVIOR

• RN assesses the patient for safety needs by performing a comprehensive individualized assessment of the patient.
• Identify and implement alternative measures (pain relief, frequently assisting the patient to the bathroom, etc.).
• If the alternative measures are ineffective, obtain a physician’s order.
• Patients must be seen face to face by the provider within the next calendar day.
• Orders must be renewed by the provider at least every 48 hours.
- **A PRN ORDER IS NOT ALLOWED!!!** Staff cannot discontinue a restraint intervention and then re-start under the same order. This would constitute a PRN order. Exception: Geri-Chair – If a patient requires the use of a Geri-Chair with the tray locked in place in order for the patient to safely be out of bed, a standing or PRN order is permitted. Given that the patient may be out of bed in a Geri-Chair several times a day, it is not necessary to obtain a new order each time (from CMS Interpretive Guidelines, 03/20/2009).

- The choice of the type of restraint will focus on the least restrictive device.

- The patient is monitored and interventions are provided as needed for fluid, nutrition, toileting, hygiene, ROM/release interventions, circulation/skin integrity check, position changes at least every 2 hours. This is documented in Clarity in iview. Restraints should be ended at the earliest possible time based on the individual assessment by the RN.

- If a patient who is in any form of restraint expires, either at the time of restraint or within 24 hours after restraints are removed, complete a [Quality Review Report](#) describing the situation and immediately notify your Manager or Director. We must report this to CMS (Medicare) by telephone no later than the close of business the next business day following knowledge of the patient’s death.

- Straps for soft wrist restraints are tied with a quick release know with the tails tied separately. Strap is threaded through a non-removable part of the bed frame – see diagram.
**Posey Quick-Release Ties**

When using a restrictive product that must be tied, always secure the product using quick-release ties. When using a restraint in bed, always attach the straps or ties to the moveable part of the bed frame at a juncture of the frame where they will not slide. Never secure restraint straps to side rails. Always tie straps and buckle out of reach of the patient. For more information, consult your Posey District Sales Manager or Customer Service at 800-44 POSEY.
1. **How does this apply?**

   This behavior management standard governs the use of restraint or seclusion in an emergency situation in any setting when there is unanticipated, severely aggressive, destructive or violent behavior that places the patient or others in imminent danger.

   Consider **Restrain or Seclusion** as an intervention ONLY when a patient’s unanticipated, severely violent or self-destructive behavior jeopardizes the immediate physical safety of the patient, a staff member or others and when less restrictive measures have been tried and were determined to be ineffective.

2. **RN Assessment:**
   - Assess for potential underlying causes of the behavior.
   - Interdisciplinary staff, when possible, consider/attempt non-physical alternatives.
   - Call a Code Gray if necessary.
   - In an emergency situation, the RN may initiate restraint in response to the patient’s immediate danger to self or others.

3. **Application:**
   - Arms are restrained at the patient’s side with patient supine. Legs can be together or separate.
   - Soft restraints are tied using a quick release knot and tails are tied separately. Secure to non-removable part of the bed frame.
   - TAT restraints are secured with either locking device of D-rings to non-removable part of bed frame.

4. **Physician Order:**
   - A telephone order must be obtained from a physician either during the emergency application of the restraint or seclusion or immediately (within a few minutes) after the restraint or seclusion has been applied.
   - A physician or specially-trained RN must perform a face-to-face assessment and evaluate the need for restraints within one hour of the initiation of the restraint, even if the restraints have been removed.
   - The physician’s order for restraint or seclusion is limited to:
     - 4 hours for adults (18 and older)
     - 2 hours for adolescents (9-17 yrs)
     - 1 hour for children under 9 yrs of age

5. **What must we do for the patient in restraint for violent or self-destructive behavior?**
   - Initially, the RN must perform a complete safety assessment.

   Ongoing assessment and monitoring of the patient’s condition is crucial for prevention of patient injury or death, as well as ensuring that the use of restraint or seclusion is discontinued at the earliest possible time.
   - Continuous, 1:1, “in person,” face-to-face with direct eye contact safety observation is required for these patients.

   The following every 15-minute assessments and interventions and patient assistance (as appropriate to the patient’s condition and needs) are to be provided by the RN and documented:
• Fluids/hydration
• Nutrition
• Toileting
• Hygiene
• Range of motion
• Circulatory and skin checks
• Position changes

An individualized plan of care is initiated or updated to include the need for restraint or seclusion. Discussion of safety concerns and education with the patient, family and significant other, as appropriate, is provided and documented.

The TAT device for behavioral restraint: Palomar Health uses a washable Posey “Twice-As-Tough” (TAT) restraint product made of neoprene fabric with strong Velcro closure or buckle instead of “leathers.” Please launder them after use and re-use. DO NOT throw them out.

NOTE: NEW RESTRAINT REQUIREMENT (staff education pending):

• **Physical Holding:** Holding a patient in a manner that restricts the patient’s movement against the patient’s will is considered restraint.

• **Physical Holding for Forced Medication:** The application of force to physically hold a patient in order to administer a medication against the patient’s wishes is considered restraint. The use of force in order to medicate a patient, as with other restraints, must have a physician’s order prior to the application of the restraint (use of force). This also applies to holding a patient allowed under a Riese court order to receive involuntary medication for the administration of psychotropic medication against his/her wishes (typically done in the Behavioral Health units).

• If **Physical Holding** or **Physical Holding for Forced Medication** is necessary with a violent or Riesed patient, THE 1-HOUR FACE-TO-FACE EVALUATION REQUIREMENT WOULD ALSO APPLY, AS WELL AS ALL CERNER DOCUMENTATION FOR RESTRAINT FOR VIOLENT OR SELF-DESTRUCTIVE BEHAVIOR (Physician Orders and AdHoc Restraint forms).

Special Precautions: Due to the risk of patient strangulation and asphyxiation, Vest Restraints, Lap Belts and the prone restraint position are not used at Palomar Health!!

PLEASE NOTE: There are additional Standards of Practice for working with restraints in the psychiatric setting. This is a brief review of the material contained in the *Restraint Use at Palomar Health Xpand* course.

ALL acute care RNs, LVNs, CNAs and HCA’s must complete this course annually which will them be documented in the Xpand “My Transcripts.”
Point of Care Testing (POCT)

Laboratory testing that is performed at the patient's bedside is called "Point of Care Testing." While the tests are performed by licensed nursing personnel or physicians, the standards for this testing are defined by the laboratory's accrediting agency, the College of American Pathologists. These standards include initial training followed by 6-month competency assessment and annual competency thereafter for each test that an employee performs. For accreditation, the Joint Commission and CAP require at least 2 and up to 6 forms of annual competency for each test. This requirement is satisfied at Palomar Health by successful completion of the annual safety test, direct observation of patient testing or review of test results, plus successful completion of the different annual Xpand modules for the different POCT tests and by successfully running a minimum of one set of QC tests each year.

One of the most important factors in Point of Care testing is to remember that it is a screening test, not a precise laboratory result. The result needs to be compared with the patient's presentation.

POCT Glucose: The Palomar Health Procedure states that a STAT POCT/Lab Glucose Correlation is to be done if the POCT glucose result is less than 40mg/dL or greater than 400mg/dL.

The lab draw and the POCT glucose test must be performed within 15 minutes of each other. The two results are compared to one another. If they differ by 35% or more, the Correlation has FAILED.

- POCT Glucose testing must be stopped on this patient for at least 24 hours. Lab glucose only.
- Every time a POCT Glucose test is performed on this patient within 24 hours, an automatic correlation will be ordered.
- The glucose meter is not to be returned to the Laboratory after a failed correlation.

Reasons why Correlations fail:

- Poor circulation at the fingertips.
- Not filling the yellow window completely.
- Poor blood sample – poor operator technique – too much fluid.
- Patient’s Hematocrit is <20%.
- Patient is on an interfering drug.
- Patient has a chemical interference that has not been detected (uric acid, bilirubin, triglycerides, Acetaminophen).
- Strip was out of vial for more than 3 minutes.

Note: The code key in the glucose meter should be changed every time a new box of strips is opened.

QC bottles for glucose testing are dated when open and discarded after 3 months. The vials of glucose test
strips are obtained from Central Supply and do not have to be dated when open. As long as they stay capped, they are good until the expiration date printed on the vial.
Blood Administration

The national Blood Administration standards are reviewed by the American Association of Blood Banks and College of American Pathologists. The following items are highlights from Palomar Health Blood Administration and transfusion reaction procedures. Procedures are located in the Clinical Practice Manual.

- The clerical check for the “right unit to the right patient” is to be done at the bedside by the RN administering the blood and another person who can administer blood.
- Blood can be given over a period of no more than 4 hours.
- Obtain and record VS prior to, q15 x2, and post transfusion, and document them on the Transfusion Record.
- If you have signed out a unit of blood and cannot use it, **RETURN IT TO THE BLOOD BANK WITHIN 30 MIN.** (If it is returned after that - it cannot be used.)
- **ORDERING BLOOD:**
  - Only request blood products when an order is given to transfuse. An order for Type and Cross or Type and Screen alone is NOT an order to transfuse. Submit a copy of the physicians order with the Blood Sign-out Request.
  - FFP has a short expiration date after thawing. Please do not request FFP unless the order is to transfuse immediately.
  - AT POM: when ordering platelets - call the Blood Bank ASAP Palomar Health blood products supplier, such as the San Diego Blood Bank or the American Red Cross. (There is a platelet inventory at PMC.)
  - There is a platelet inventory at PMC.

- **BLOOD CANNOT BE STORED IN THE DEPARTMENT’S REFRIGERATOR!**
- **TRANSPORTING BLOOD:** The individual transporting the unit(s) of blood needs to bring the unit directly to the RN who is caring for the patient. **Do not refrigerate it or put it down.**
- **VOLUMES for blood:**ADSOL unit = 325 ml CPDAL unit = 250 ml
- **PLATELETS:**
  - Platelet Pheresis is the available product for platelets. This product is collected from a single donor and is a safer product than platelet concentrates.
  - A single platelet Pheresis is = to 6 units of platelet concentrates.

- **TRANSFUSION REACTION:** If an adverse reaction is suspected:
  - Stop the transfusion
  - Keep site open with new blood tubing and NS
  - Save the donor bag and all tubing
  - Check all ID #s
  - Notify lab and MD
  - Take Vital Signs every 15 min. until stable, then q1 hr x4
  - Monitor for signs and symptoms of transfusion reaction
  - Complete Blood Transfusion Reaction Report
  - Obtain blood sample in lavender top tube and label
  - Obtain urine sample
  - Send bag, tubing Report and send (tube) to lab
Note: If the suspected reaction is HIVES ONLY, no specimen or further work up is needed. Please forward the reaction report, donor bag, and tubing to the BB.

CONSENT AND PATIENT INFORMATION

Except in a life threatening emergency or when there are other medical contraindications, it is the physician's responsibility to provide all patients with the State Patient's Guide to Blood Transfusions, and to obtain Informed Consent, prior to a transfusion or prior to any medical procedure where there is a reasonable possibility of transfusion. In addition, all such patients must be provided with an adequate time prior to the procedure for autologous or directed donation, except (i) in a life-threatening emergency or where there are other medical contraindications, or (ii) when the patient or responsible party waives this opportunity. (Clinical Practice Manual, Blood)

- Consent is required for blood administration for any patient receiving blood other than an emergent situation.
- Patient’s Guide to Blood Transfusion should be given to the elective surgery patient unless the physician in the office has already provided it. This is available from Hospital Forms.
- Emergency Administration: Check Progress Notes for documentation of rationale.

SIGNING OUT BLOOD

- Nursing is responsible for providing the:
  - Patient’s name, medical record number, blood bank number, product requested and quantity.
  - Email initials of the nurses accountable for transfusion. Must be resubmitted if incomplete.
  - Number and type of blood products TO BE TRANSFUSED RIGHT NOW. (Not the complete order) (Example order 1 PRC, instead or 4 PRC and 2 FFP)
  - Name of Physician Ordering the Blood Product.
- The PMC and POM tube system can be used to deliver blood to the blood bank. Exceptions – the following cannot be tubed:
  - Autologous blood
  - Rhogam
  - Neonatal syringe aliquots
  - Blood for more than one patient at a time

NURSE-COLLECTED LABORATORY SAMPLES

- Check that the label has all required information:
  - Patient’s full name
  - Patient’s MR #
  - Date/time of collection
  - Emp ID of collector
- Include the BB # on the specimen label if the sample is for a possible Blood Bank Transfusion request.

Resources: Procedures: Blood Administration: All Products (14340)
Ethics & Compliance

**SPEAKING OF ETHICS**

The Palomar Health Mission and Vision are directly supported by our organizational values, so it’s a good idea to know and try to take those values into account in everything that we do. An easy way to remember what the Palomar Health values are is with the acronym PPH which stands for:

**Patient’s Well-Being** – We passionately give and support heartfelt care that encourages patient comfort and safety.

**Professionalism** – Each of us takes pride in teamwork, self-discipline, our skills and trustworthiness.

**Highest Quality** – We are each accountable for providing the safest, most effective and innovative care.

**SPEAKING UP**

These values require each of us to speak up when we see something at Palomar Health that might be wrong or inappropriate. The best way to do that is simply to speak directly to the person(s) involved. That gives them the benefit of the doubt and may reveal information you didn’t know. It also builds teamwork and makes it more likely that they will talk to you if the position is reversed.

Another way is to speak to someone in a position to do something about what you have seen – for example, a supervisor, Human Resources, Security, a medical staff leaders, etc. Try to be specific about your concern and avoid prejudging.

You can also speak to the Compliance Officer at 858-675-5259 or by e-mail at compliance.officer@pph.org.

Finally you can call the confidential Palomar Health Compliance Hotline at 800-850-2551 to report concerns or ask for information. There is also a website where you can do the same thing – www.SpeakingUpatPPH.com. Both the Hotline and the website allow you to remain anonymous and get replies back.

But whatever route you chose, the important thing is to speak up – it’s part of keeping this the kind of place where we all want to work and care for members of our communities.

Palomar Health expects you to speak up – and will not tolerate retaliation or punishment of those who do.

**GIFTS**

In November 2010, Palomar Health adopted a new organization-wide policy on Conflicts of Interest, Commitment and Gifts. The new procedure established a new clear standard – prohibiting gifts from actual and would be vendors – as well as defining the types of “financial interests” that need to be disclosed if someone is involved in decision-making at Palomar Health. The procedure also spells out rules for what to do with gifts from patients.
QUESTIONS & ANSWERS TO ASSIST YOU AND PALOMAR HEALTH IN DOING THE RIGHT THING

The following questions and answers are not intended to provide answers to every question that you may have but rather to increase your understanding of how the specific guidelines must be applied.

Q: **Violations of Law:** Sometimes the “rules and regulations” get in the way of getting the job done or making Palomar Health successful. Isn’t it more important to succeed that to worry about all the procedures?
A: Going around rules is not acceptable and no one at Palomar Health is authorized to tell you that it is.

Q: **Ethical Standards:** How do I know if I am on ethical “thin ice?”
A: If you feel a sense of uneasiness about what you are doing, if you are worried about whether your actions will be discovered, or if you are rationalizing your activities with “everybody does it” type of thinking, you are probably on ethical “thin ice.” Stop, think about what you are doing and get advice.

Q: **Conflicts of Commitment:** I am thinking of starting my own outside business. Is this a conflict of commitment?
A: An outside business activity does not necessarily put you in a conflict of commitment situation. You should inform your supervisor of your intention. He or she will help you to determine whether the activity constitutes a conflict of commitment. The Palomar Health Compliance Officer is also available to help with these situations. It is your responsibility to ensure that your outside business activities are strictly separated from your responsibilities at Palomar Health and that:

- You do not conduct any of your outside business during Palomar Health work time.
- Customers and colleagues from your outside activity do not contact you at Palomar Health.
- You do not share any confidential information regarding Palomar Health.
- You do not use Palomar Health equipment and supplies for your outside work.
- You do not promote your outside products or services to other Palomar Health employees during work hours.

Q: **Harassment:** A co-worker keeps making embarrassingly personal remarks to me and asking me out to social events outside of work hours. I consistently refuse these invitations and have made it clear that these attentions are not welcome, but it doesn’t seem to make any difference. Is this harassment? What should I do?
A: Yes, it is harassment. You should immediately speak with your supervisor or a representative from the Human Resources Department. Harassment may include any hostility directed towards an employee. Making unwelcome comments about a person’s clothing, body, or personal life; Use of offensive nicknames or terms of endearment; Offensive jokes or unwelcome innuendoes; Any suggestion that sexual favors, race, gender, religion, national origin, age disability or any other protected classification would affect one’s job, promotion, performance evaluations, or working conditions; or other conduct that, even if not objectionable to some individuals, creates a working environment that may be considered by others to be offensive or hostile.

Q: **Patient Care:** I am concerned that a newly hired clinician is not following all the procedures for our department. What should I do?
A: High quality patient care is critical to the Palomar Health mission. You should talk openly and honestly to your
supervisor about your concerns or contact the Compliance Office.

Q: Documentation and Coding: My focus is my patients. I don’t always have time to document everything that I do in the medical record. Isn’t it enough that I’m following good medical practice?
A: No. Good medical practice includes proper and complete documentation for many reasons, primarily to ensure quality care is provided to the patient. We can’t deliver quality care if the condition of the patient isn’t adequately described. Additionally, the coding rules require the coder to use only the information documented in the chart and never to assume a particular treatment or service has been delivered. If the documentation is not complete, coders may miss important aspects of a patient’s care. If the coders are unable to code certain procedures because of lack of documentation, billers will be unable to bill these services resulting in lost revenue to Palomar Health.

PATIENT RIGHTS AND RESPONSIBILITIES

Healthcare Provider Responsibilities:

- Know what the patient’s rights are.
- Respect our patient’s rights.
- Assure that our patients are informed and understand these rights.
- Patient and Family Education.

Ethical Standards assure that care, treatment, and services are provided in a way that respects and fosters Patient Rights to:

- Dignity
- Autonomy
- Positive self-regard
- Civil rights
- Involvement in care

PATIENT AND FAMILY EDUCATION

Patient and Family Education improves health outcomes by promoting healthy behavior and involving patient/family in their own care and care decisions. Patient and Family Education is specific to patients’ assessed needs, abilities, and readiness to learn. Educational resources are available to patients and their families. The patient and family educational process is collaborative and interdisciplinary, as appropriate to the plan of care. When health professionals understand one another’s contributions to patient education, they can collaborate more effectively. Collaboration, in turn, ensures that the information that patients and families receive is comprehensive, consistent and effective as possible.
PATIENTS HAVE THE RIGHT TO:

- Information and Effective Communication – info regarding their illness or treatment in terms they can understand.
- Special Communication Needs – recognize and address needs of patients with communication barriers, including special listening devices, interpreters, etc.
- Respect of Patient’s Belief System – including cultural, psychosocial, spiritual, personal values, beliefs, and preferences, and right to pastoral care of his or her choosing.
- Privacy and Confidentiality – All patient procedures must be performed in a manner that respects privacy.
- Participate in Decisions – Patients have the right to be involved in decisions regarding their care and treatment.
- Be Involved in Ethical Dilemmas about Care – including conflict resolution, withholding resuscitative services, forgoing or withdrawal of life-sustaining treatments, and participation in investigation studies or clinical trials.
- Informed Consent – including nature of proposed treatment; benefits, risks, side effects, and potential problems that might occur during recuperation; likelihood of achieving goals; reasonable alternatives to proposed treatment; consequences of not proceeding with treatment; and limitations on the confidentiality of information learned from or about the patient.
- Consent for Recording or Filming – Filming, recording and photographs to be used for external purposes of marketing, publications, TV or media use (a separate consent is obtained). Patients have the right to request cessation of recording or filming. Patients have the right to rescind consent to filming.
- Information About Person(s) Responsible for Their Care – including the name of physician or other practitioner primarily responsible for their care. Any member of the healthcare team who will provide their care. Any employees entering a patient’s room are to identify themselves and state their purpose.
- Refuse Care – in accordance with law and regulation. When the patient is not legally responsible, the surrogate decision maker (as allowed by law) has the right to refuse care or treatment on the patient’s behalf. Patients have the right to know the consequences of refusing care.
- Respect of Their Wishes Regarding End of Life Decisions – Assure all inpatients age 18 and older receive the Advance Directive information upon admission. Patients have the right to review and/or revise their Advance Directive. (This review option is required!) Document the review process (mandatory). Providers are required to know the “status of the Advance Directive.”
- Access Protective and Advocacy Services – including services available and after hours/emergency coverage, fees for service, payment policies, and their financial obligation, resources for health education, self-care, and prevention of illness.
- Pain Management – including information about pain and pain relief measures, concerned staff committed to pain prevention and management, reports of pain will be believed, access to state of the art pain management, and the best level of pain relief that may safely be provided.
- Protection During Research – Patients have the right to refuse to participate in research activities. Palomar Health’s interdisciplinary Institutional Review Board (IRB) reviews all projects and monitors and protects the rights and welfare of human subjects.
- Voice Complaints about Care without fear of retaliation.
PATIENT RESPONSIBILITIES

Patients are given written and/or verbal information about their responsibilities while receiving care. Hospitals are entitled to reasonable and responsible behavior on the part of the patients (within their capabilities), including:

- Provide Information – to the best of their knowledge, accurate and complete information about present health status, past illnesses, hospitalizations, medications, other matters related to their health, and reporting perceived risks in their care and unexpected changes in their conditions to the responsible healthcare provider.
- Ask Questions – when they do not understand what they have been told about their care and what they are expected to do.
- Follow Instructions – follow treatment or plan of care developed, and express concerns about their ability to follow the proposed plan of care.
- Accept Consequences – be responsible for outcomes if they do not follow the care, treatment, and service plan.
- Follow Rules and Regulations – follow hospital rules and regulations, show respect and consideration for hospital staff and property as well as other patients and their property, and meet financial commitments.

ADVANCE HEALTHCARE DIRECTIVES

Federal and state law requires that (1) patients be informed about their right to formulate Advance Healthcare Directives upon being admitted to the hospital and (2) those Directives be followed in the delivery of their care. The Palomar Health encourages patients to communicate their health care preferences and values. Advance Healthcare Directives may be made either verbally or in writing. In order to facilitate this process Palomar Health provides a legal form to any patient who wants to communicate an advance directive or appoint a health care proxy should he or she become unable to make decisions for him or herself. All patients who are admitted are offered this choice and assistance is provided to those who need it. Completed Advance Healthcare Directive forms should be sent to Medical Records. Nurse or Admitting enters into the computer system and send copy on to the patient’s medical record. The forms are available through the Admissions office.

PHYSICIANS

Any business arrangement with a physician must be structured to ensure precise compliance with legal requirements. Such arrangements must be in writing and approved according to Palomar Health’s contract management policy. We will strictly adhere to the following rules:

- We do not pay for referrals. We accept patient referrals and admissions based solely on the patient’s clinical needs and our ability to render the necessary services. We do not pay or offer to pay anyone for referral of patients. Violation of this policy may have grave consequences for organization and the individuals involved, including civil and criminal penalties, and possible exclusion from participation in federally funded healthcare programs.
- We do not accept payments for referrals that we make. No Palomar Health employee, physician or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. Similarly, when making patient referrals to another
healthcare provider, we do not take into account the volume or value of referrals that the provider has made (or may make) to us.

**Violence in the Workplace**

Every workplace has the potential for employee-to-employee violence. Violence may be directed at supervisors or peers. It can range from starting rumors or exchanging angry words to taking physical action. In rare cases, violence may even take the form of armed assault. Palomar Health has a zero tolerance workplace in terms of violence. There are typically 3 types of workplace violence (none of which will be tolerated by Palomar Health):

- Threats
- Physical action
- Armed assault

**If Violence Strikes...**

- Defuse anger
- Stop the action
- Seek safety and get help

**After Effects of Violence**

Many people experience physical or emotional behavior changes after witnessing violence. Talking about the incident will help you readjust.

**SAFETY TIPS FOR HOSPITAL WORKERS**

Watch for signals that may be associated with impending violence:

- Verbally expressed anger and frustration
- Body language such as threatening gestures
- Signs of drug or alcohol use
- Presence of a weapon

Maintain behavior that helps diffuse anger:

- Present a calm, caring attitude.
- Don’t match the threats.
- Don’t give orders.
- Acknowledge the person’s feelings (for example, “I know you are frustrated”).
- Avoid any behavior that may be interpreted as aggressive (for example, moving rapidly, getting too close, touching, or speaking loudly).

Be alert:

- Evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor.
- Be vigilant throughout the encounter.
- Don’t isolate yourself with a potentially violent person.
- Always keep an open path for exiting—don’t let the potentially violent person stand between you and the door.

**STAFF SAFETY**

A history of violence is the biggest predictor of violence. If you suspect a family member or caregiver of being
The potential that they may be abusive to the staff exists. Be alert for indicators of impending aggression: pacing, trembling hands and/or voice, agitation, rise in the tone of voice, increase in breathing pattern. Always position yourself so you are closest to the exit. Never antagonize a potential abuser. If the person becomes abusive, contact Security or phone 111.

**Abuse Reporting**

Lucidoc: Abuse-Child Recognition & Reporting #10051
Abuse-Suspected Adult & Elder Abuse Recognition and Reporting #10050

All staff, volunteers, students, and contracted employees are required by law to report to the proper authorities:
- Child Abuse and Neglect
- Elder Abuse and Neglect
- Assault/Domestic Violence

**GENERAL DEFINITIONS RELATED TO ABUSE**

- Abuse – intentional maltreatment of an individual that may cause injury, either physical or psychological
- Mental Abuse – includes humiliation, harassment and threats of punishment or deprivation
- Physical Abuse – includes hitting, slapping, pinching, kicking and controlling behavior through corporal punishment
- Sexual Abuse – includes sexual harassment, coercion, assault, and spousal rape
- Neglect – the absence of minimal services or resources to meet basic needs
- Eminent Danger – foreseen danger that will likely result in irreparable physical or mental harm unless conditions are changed

**SIGNS OF ABUSE INCLUDE**

- Injuries consistent with what the patient reports to have happened (burns, welts, bites and scratches)
- Unusual patterns of injury (hairbrush, rope or belt marks)
- Poor hygiene, malnourishment, skin ulcers
- Fear of parent/caregiver, being withdrawn, tearful, or reluctant to answer questions in parent/caregiver’s presence
- Parent/caregiver who refuses to leave the bedside inappropriately or answers questions in a controlling manner
- Improper responses to questions like “Is anyone misusing your money or not allowing you to obtain health care?”
- Inappropriate responses to questions about a safe environment or being threatened at home

**TYPES OF CHILD ABUSE**

- Physical injury
- Mental suffering
- In out-of-home care

**TYPES OF CHILD NEGLECT**

- Not receiving adequate food, clothing and shelter
- Not receiving medical indicated treatment including food or care as determined by a physician
### Nursing Student & Instructor Orientation Manual - 2012 Edition

#### TYPES OF ELDER ABUSE
- Sexual offenses
- Acts of torture
- Excessive corporal punishment
- Female genital mutilation
- Selling, transferring, distributing, or giving un-prescribed controlled substances

#### TYPES OF ELDER NEGLECT
- Not receiving proper or necessary support, medical, or other remedial care recognized under State law
- Abandoned by parents or other person responsible without a proper plan of care

#### TYPES OF ELDER ABUSE
- Physical injury
- Mental suffering
- Sexual injury
- Isolation
- Abandonment
- Eminent danger
- Exploitation of financial resources

#### TYPES OF ELDER NEGLECT
- Another individual’s failure to provide or withhold from an eligible adult necessities of life including, but not limited to:
  - Food
  - Clothing
  - Shelter
  - Medical Care

### DOMESTIC VIOLENCE

**Victim** – any person who has been subjected to injury through assault, a criminal act, or incident of domestic violence.

Types of Domestic Violence include:
- Battery
- Simple battery
- Simple assault
- Unlawful restraint
- Criminal trespass
- Stalking; criminal damage to property
- Abuse – any type
- Spousal rape

### REPORTING

Clinical Resource Management staff is the prime resource for consultation and reporting of suspected abuse or neglect.

If a Social Worker is not available, the RN with the information will telephone the appropriate agency immediately with the information.

- **Adults:** The phone number for Adult Protective Services is (800) 510-2020.
- **Pediatrics:** Call the Law Enforcement Agency where the alleged abuse occurred.
A written report needs to be completed using the Report of Suspected Dependent Adult/Elder Abuse Form or the Suspected Child Abuse Report.

**Duty to report is required when the health practitioner provides medical services to a patient for any physical condition, not just the condition or injury from an assault, battery, or firearm incident.**

If you suspect abuse has taken place, you do not have to prove it. You are required to report your finding and the appropriate agency will investigate. Reporting suspected abuse, neglect, or violent injury is mandated by law.

### Culturally Competent Care

Although culture is generally thought of as relating to ethnic/race or religious background, it can involve much more – like age, gender, socio-economic status, sexual orientation, national origin, and physical disabilities. Cultural sensitivity plays a key role in improving patient outcomes, increasing customer satisfaction, decreasing liability, increasing productivity, and meeting accreditation requirements. Most importantly, cultural sensitivity is the compassionate and right thing to do.

The ultimate goal is a health care system and workforce that can deliver the highest quality of care to every patient, regardless of race, ethnicity, cultural background, or English proficiency.

Cultural diversity influences view about health and healthcare, choices regarding Advance Directives and eye/tissue/organ donation, ties to another country or region of the US, relationship dynamics, language and communication styles, food preferences, spirituality/religion practices, and social economics. The following outlines many of the different cultural groups. Please remember these are generalizations and that each person is different and may be influenced by more than one cultural group.

**Generational Diversity** – individuals who share the same time span at similar ages share in key life experiences:

- **Traditionalist** – born between 1922-1943. Core values include conformity, delay in reward, handwork, and respect for authority. Most of our patients fall into this age category.
- **Baby Boomers** – born between 1943-1960. Core values include focus on the youth, health, and wellness; personal gratification and growth, optimism, and team-orientation.
- **Generation X** – born between 1960-1980. Core values include comfort with technology, informal approach, nontraditional view of time and space, self-reliance, independence, and impatience.
- **Generation Y** – born between 1980-2000. Core values include achievement, confidence, diversity, optimism, social, and “street smarts.”

**Caring for the Asian/Pacific Islander Client:**

- Age and social structure are very important.
- Older people are addressed first, and in a formal manner.
- May show respect by avoiding eye contact.
- The head is considered the most sacred part of the body – one should not touch a patient’s head without permission, especially that of a child.
- Need to preserve dignity may interfere with their understanding of and compliance with treatment plans.

**Caring for the Hispanic Client:**
• They smile readily.
• Direct eye contact may be considered rude.
• Often seek treatment consent from eldest member of family.
• Over 80% are Roman Catholics.
• Many use a combination of traditional methods and conventional Western medicine.
• May believe in folk illnesses or conditions such as mal de ojo, the evil eye.
Caring for the African-American Client:
- Like other cultural beliefs – age, education, and place of birth will influence beliefs and practices.
- Showing respect and building trust is key.
- Use of formal titles until invited to do otherwise.
- Before touching a client, explain what is to be done and why.
- The African-American experience in America has caused many to be mistrustful of mainstream institutions and providers who are members of the dominant culture.

Religion and Healthcare

Religion plays a key role in day-to-day living and even a bigger role in healing of the mind and body. Understanding your client’s religious and spiritual beliefs and needs could be key to the success of their plan of care.

Cultural Sensitivity
- Respect – Take opportunities to learn a few words in languages present in the community (Good morning, good afternoon, pain, cold, etc.). Consider the best way to show respect, perhaps by addressing the head of the family or group first. Pay attention to subtle cues that may tell you an individual’s dignity has been wounded.
- Communication – Convey comfort by your tone of voice and body language. DO NOT speak loudly or shout – it will not help the person understand English. Speak slowly and distinctly and avoid the use of medical terms, abbreviations, or slang. Remember when using yes and no questions, that a nod or a yes may mean, “Yes, I heard” rather than “Yes, I understand” or “Yes, I agree”. If a patient speaks another language or has limited English, we use only a qualified medical interpreter or the CYRACOM language line.
- Education / Teaching – Keep messages short and simple, avoiding busy talk. Use pictures and drawings as appropriate. Repeat the message in different ways. Be alert for words the person seems to understand.

Cultural Sensitivity Means:
- Treating each person as an individual.
- Respecting, valuing, and embracing the differences we encounter in others.
- Considering the person’s cultural influences when working with them.
- Avoiding stereotyping.
- Considering individuals may be influenced by more than one cultural group.
- Inquire and listen to each person’s unique cultural preferences.
- Avoid making assumptions.
CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)

CLAS is the acronym that was created in the late 1990's by the U.S. Department of Health and Human Services Office of Minority Health. It is a national set of standards for health care providers to provide a much needed alternative to the patchwork of independently developed definitions, practices, and requirements concerning culturally and linguistically appropriate services.

Palomar Health is committed to implement the CLAS standards through the leadership of the Palomar Health CLAS Steering Committee and the five CLAS subcommittees as well as the Palomar Health Diversity Commitment Statement (see graphic below).

DIVERSITY COMMITMENT STATEMENT FOR PALOMAR HEALTH

We demonstrate our investment in Culturally and Linguistically Appropriate Services (CLAS) through our:
- Publicly-elected Board of Directors
- CLAS Steering Committee and Work Teams
- Ongoing Diversity education and training
- Language translation and interpretation services
- Workforce development activities
- Diverse leadership development activities and programs
- Partnerships with faith and community-based organizations

THE SEVEN PALOMAR HEALTH CLAS STEERING COMMITTEE OBJECTIVES

1. Provide timely and accurate 24/7 medical interpreting services to all Limited English Proficient (LEP) and hearing impaired patients and their families in their language of choice.
2. Provide information/education materials and way finding signage in the LEP patient's language of choice.
3. Improve congruency between the cultural diversity of our patients, district residents, and the clinical staff of Palomar Health.
4. Promote development and implementation of cultural competency standards and training protocols for all Palomar Health staff and physicians.
5. Collaborate with local nursing, medical, and allied health schools to support CLAS activities to produce highly educated and prepared health care workers, reflecting the cultural diversity of our region.
6. To serve as a collaborator and leader with key local health and human service agencies to build a regional network that supports improving patient care through CLAS activities.
7. To support a bi-directional communication system with Palomar Health and the diverse residents of our district to improve the quality of care provided according to CLAS standards.
In order to assure that each patient’s care meets his or her unique needs, staff who interact with patients as part of their job must develop skills or competencies for delivering age appropriate communications, care and interventions. People grow and develop in stages that are related to their age and share certain qualities at each stage. By adhering to these guidelines, staff can build a sense of trust and rapport with patients and meet their psychological needs as well. Age-specific guidelines are as follows:

- **Neonates (less than 30 days)**
  - Provide security and ensure a safe environment.
  - Involve the parent(s) in care.
  - Limit the number of strangers around the neonate.
  - Use equipment and supplies specific to the age and size of neonate.

- **Infants (greater than 30 days & less than 1 year)**
  - Use a firm direct approach and give one direction at a time.
  - Use a distraction, e.g., pacifier, bottle.
  - Keep the parent(s) in the infant’s line of vision.
  - Use equipment and supplies specific to the age and size of infant.

- **Pediatrics (greater than or equal to 1 year & through the age of 14)**
  - Give praise, rewards, and clear rules. Encourage the child to ask questions. Use toys and games to teach the child and reduce fear.
  - Always explain what you will do before you start. Involve the child in care.
  - Provide for the safety of the child. Do not leave the child unattended.
  - Use equipment and supplies specific to the age and size of the child.

- **Adolescents (greater than or equal to 15 years & less than 18 years)**
  - Treat the adolescent more as an adult than a child. Avoid authoritarian approaches and show respect.
  - Explain procedures to adolescents and parents using correct terminology.
  - Provide for privacy.

- **Adults (greater than 18 years and less than 65 years)**
  - Be supportive and honest, and respect personal values.
  - Support the person in making health care decisions.
  - Recognize commitments to family, career, and community.
• **Geriatric (greater than or equal to 65 years):**
  
  o Address age-related changes.
  
  o Avoid making assumptions about loss of abilities, but anticipate the following:
    o Short-term memory loss
    o Decline in the speed of learning and retention
    o Loss of ability to discriminate sounds
    o Decreased visual acuity
    o Slowed cognitive function (understanding)
    o Decreased heat regulation of the body
    o Provide support for coping with any impairment
    o Prevent isolation; promote physical, mental, and social activity. Provide information to promote safety.
Pain Management

Lucidoc: Pain Assessment and Management #15540

Pain is defined as “an unpleasant sensory and emotional experience associated with actual and potential damage, described in terms of such damage” (Merskey, 1986, American Pain Society 1992).

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

**ASSESSMENT**

Pain Assessment is the cornerstone of all effective pain management. Successful assessment and management of pain depends on establishing a positive relationship with healthcare providers, patients and their families/significant others.

Assessment of pain should be frequent and simple. It assists the clinicians to understand the patient’s pain problems and how the pain affects their activities of daily living.

- All patients are screened for the presence of pain at the point of entry into the Palomar Health with new pain or changes in pain according to unit based standards or adult inpatient standards.
- Pain is assessed in all patients on admission, with any new report of pain. The patient’s patient status is re-evaluated no less than once per shift.
- Reassessment of pain occurs within a specific period of time following the administration of pain management interventions based on the type, route, onset, and action of the intervention.
- Reassess pain level and sedation 15-30 minutes after intravenous opioid administration.
- Reassess pain level and sedation 30-60 after oral, IM or SQ opioid administration
- Both pharmacological and non-pharmacological therapies are used to prevent and or control pain.

Comprehensive pain assessment is based on the patient’s self report. This assessment includes intensity, location, quality (description) and duration.

Our District uses the 0-10 pain rating scale: 0= no pain; 10 = the worst possible pain.

Self Report Scales:
- Numerical Rating Scale
- Simple Descriptor Scale
- Wong-Baker FACES scale
Non Verbal Scales:
  - Non-verbal pain scale
  - Assume Pain Present

Family members/significant others close to the patient are important sources for describing pain in these groups.

**Newborn assessment** criteria can include behavior responses such as restlessness, fussiness, facial grimacing, flaring of arms & legs, clenched fist, and vocal changes such as crying and whimpering. Use physiological measures only as adjuncts to self-report and behavioral observation. They are neither sensitive nor specific as indicators of pain as using the FLACC Scale, which looks at the face, legs, activity, cry and consolability.

**Children** 2 Months to 7 years of age can be assessed using Wong-Baker faces scale amended to a 10 point Scale or the FLACC Scale, which looks at the face, legs, activity, cry and consolability.

The patient/family/significant other will be educated about pain, pain management and will be provided with appropriate education materials.

**Patient Education** is initiated on admission, pre-op/pre-intervention, post –op and continued throughout the continuum of care.

The **discharge process** begins during the inpatient care for effective pain management. It is important to consider the patient’s needs at the time of discharge early in their care, so that they are adequately addressed.

**Remember that patients have a right to appropriate assessment and management of pain. Our District respects and supports this right.**
National Patient Safety Goals – 2012

These are the current Joint Commission National Patient Safety Goals. These specific goals as defined by the Joint Commission are consistent with and supportive of our institution's drive to provide excellent patient care, to measure the quality of our care, and to constantly strive to improve our care. These patient safety requirements must be incorporated in our everyday practices. The missing goal numbers in the order below have been retired into the current Joint Commission standards. They don’t reassign the original numbers to new goals.

CHANGES FOR 2012

2012 National Patient Goals

Goal 1 – Improve the accuracy of patient identification.

- Use at least two patient identifiers when administering blood, blood components or medications, collecting blood samples or other specimens for clinical testing, and/or before providing other diagnostic/therapeutic treatments or procedures.
  - Label all containers used to collect blood or other specimens after the specimen is placed in the container.
  - Label all containers used to collect blood or other specimens in the presence of the patient.
  - Double check the label with the ID band before placing the label on the container.
  - The patient’s room number or locations cannot be used as an identifier.

- Before initiating a blood or blood component transfusion:
  - Match the blood or blood components to the order.
  - Match the patient to the blood or blood component.
  - Use a two-person verification process or a one-person verification process accompanied by automated identification technology, such as bar coding.

Goal 2 – Improve the effectiveness of communication among caregivers.

- Measure and assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.

Goal 3 – Improve the safety of using medications.

- Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.

- Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field even if there is only one medication.
  - All medications and/or solution labels are verified both verbally and visually by two qualified individuals whenever the person preparing the medication or solution is not the person administering it.
• Reduce the likelihood of patient harm associated with the use of anticoagulation therapy. Provide education to the patient and/or family regarding:
  o Importance of follow-up monitoring.
  o Compliance.
  o Potential or adverse reactions.
  o Drug / food interactions.
• Maintain and communicate accurate patient medication information. (Previously titled Medication Reconciliation)
• Obtain information on the medications the patient is currently taking when he or she is admitted to the hospital or is seen in an outpatient setting. This information is documented in a list or other format that is useful to those who manage medications.
  o Note 1: Current medications include those taken at scheduled times and those taken on an as-needed basis.
  o Note 2: It is often difficult to obtain complete information on current medications from a patient. A good faith effort to obtain this information from the patient and/or other sources will be considered as meeting the intent of the EP.
• Define the types of medication information to be collected in non–24-hour settings and different patient circumstances.
  o Note 1: Examples of non–24-hour settings include the emergency department, primary care, outpatient radiology, ambulatory surgery, and diagnostic settings.
• Compare the medication information the patient brought to the hospital with the medications ordered for the patient by the hospital in order to identify and resolve discrepancies.
  o Note: Discrepancies include omissions, duplications, contraindications, unclear information, and changes. A qualified individual, identified by the hospital, does the comparison.
  o Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she is discharged from the hospital or at the end of an outpatient encounter (for example, name, dose, route, frequency, purpose).
    ▪ Note: When the only additional medications prescribed are for a short duration, the medication information the hospital provides may include only those medications.
• Explain the importance of managing medication information to the patient when he or she is discharged from the hospital or at the end of an outpatient encounter.

Goal 7 – Reduce the risk of health care associated infections.

• Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
• Implement evidence-based practices to prevent health care-associated infections due to multidrug-resistant organisms in acute care hospitals. This applies to but is not limited to methicillin-resistant staphylococcus aureus (MRSA) clostridium difficile (CDI), vancomycin-resistant enterococcue (VRE), and multidrug-resistant gram-negative bacteria.
• Educate patients, and their families as needed, who are infected or colonized with a multidrug-resistant organism about health care associated infection prevention strategies.
• Educate staff and licensed independent practitioners who are involved in managing central lines about central line–associated bloodstream infections and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in these procedures is added to an individual’s job responsibilities.
• Use a standardized protocol to disinfect catheter hubs and injection ports before accessing the ports.
• Evaluate all central venous catheters routinely and remove nonessential catheters,
• Educate staff and licensed independent practitioners involved in surgical procedures about surgical site infections and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in surgical procedures is added to an individual’s job responsibilities.
• Educate patients, and their families as needed, who are undergoing a surgical procedure about surgical site infection prevention.
• Implement evidence-based practices to prevent indwelling catheter associated urinary tract infections.

Goal 15 – The hospital identifies safety risks inherent in its patient population.

• Identify patients at risk for suicide. Note: this requirement applies only to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.

UNIVERSAL PROTOCOL FOR PREVENTING WRONG SITE, WRONG PROCEDURE, AND WRONG PATIENT

• The Universal Protocol applies to all surgical and nonsurgical invasive procedures. Evidence indicates that procedures that place the patient at the most risk include those that involve general anesthesia or deep sedation, although other procedures may also affect patient safety. Hospitals can enhance safety by correctly identifying the patient, the appropriate procedure, and the correct site of the procedure.
• Conduct a pre-procedure verification process
  o Available prior to the start of the procedure
    ▪ Correctly identified, labeled, and matched to the patient’s identifiers
    ▪ Reviewed and are consistent with the patient’s expectations and with the team’s understanding of the intended patient, procedure, and site
• Mark the procedure site. The procedure site is marked by a licensed independent practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed.
• A time-out is performed before the procedure.
  o Conduct a time-out immediately before starting the invasive procedure or making the incision.
  o The time-out has the following characteristics:
    ▪ It is standardized, as defined by the hospital.
    ▪ It is initiated by a designated member of the team.
    ▪ It involves the immediate members of the procedure team, including the individual performing the procedure, the anesthesia providers, the circulating nurse, the operating room technician, and other active participants who will be participating in the procedure from the beginning.
  o When two or more procedures are being performed on the same patient, and the person performing the procedure changes, perform a time-out before each procedure is initiated. During the time-out, the team members agree, at a minimum, on the following:
    ▪ Correct patient identity
    ▪ The correct site
    ▪ The procedure to be done
Sentinel Events

A sentinel event is an event that has resulted in an unanticipated death or major permanent loss of function, not related to the natural course of the patient’s illness or underlying condition. Procedure ID: 11533

Leadership standards require hospital leaders define, implement and communicate a process for identifying and responding to sentinel events. Each nurse should be able to identify, report, and respond to these events according to hospital procedure. Contact your immediate supervisor if there is any question as to whether the incident should be identified as a sentinel event.

**WHAT TO DO**

Staff is expected to know that a sentinel event is one that has resulted in the following:

- Unanticipated death or major permanent loss of function not related to the natural course of the patient’s illness or underlying condition.
- An event potentially involves a continuing threat to patient care or safety.
- An event that has significant potential for being reflective of serious underlying systems problems in the organization.

Immediately following a sentinel event:

- Assess immediate situation to ensure needs of patient have been addressed.
- Assure QRR completed.
- Provide for sequestering of any equipment or supplies.
- Secure records related to the event as appropriate.
Laser Safety

"LASER" is an acronym for Light Amplification by Stimulated Emissions of Radiation.

**LASER SAFETY BASICS**

Eye safety is the number one concern for anyone working with or near a laser. As quick as it takes to blink, the laser can severely damage your eye. Though the injuries are rare, they are permanent. Engineering controls are the preferred method of protection but cannot be relied on as the only protection. Protective eyewear may also be necessary—especially during the alignment of a laser beam.

**ENGINEERING CONTROLS**

Engineering controls (protective housings, remote controls or enclosed laser-beam paths) ensure protection for laser operators, who are most at risk for serious injury, except when the operator needs to set up, adjust or maintain the beam. The Safety Officer is responsible for monitoring and enforcing the control of laser hazards, including:

- **Operation:** Lasers and laser systems are classified on the basis of the level of the laser radiation accessible during intended use.
- **Maintenance:** Tasks necessary to assure routine performance of the laser. These include frequently required tasks such as cleaning and replenishing of expendables. Maintenance usually does not require beam access.
- **Service:** Performed with less frequency and usually requires laser beam access, including replacing the laser resonant mirrors and repairing faulty components. The manufacturer should supply instructions for safe operation; the safety officer must provide any additional safety instructions to employee safety.

**EYE SAFETY**

The eye is damaged because of the way it focuses, with the cornea and lens focusing the light beam on a small spot on the retina. Vision damage is usually severe, and may result in blindness, which is why direct viewing of the laser source and its reflections should be avoided. A laser’s reflective beam intensity may approach its direct beam intensity; therefore, no reflective objects or surfaces should be in the area with the laser.

Light is radiant energy and is defined as electromagnetic radiation. It is measured in wavelengths and described in nanometers (nm). A laser produces an intense beam of light of a single wavelength (or color) and frequency. Laser intensity varies from low power (Class 1, 2, and 3A lasers), to medium (Class 3B) to high power (Class 4). The American National Standards Institute (ANSI) classifies lasers into categories and gives guidelines on laser safety in the standard Z136.1. Following are laser categories as outlined by ANSI:

**Class 1:** cannot emit laser radiation at known hazard levels. Users of Class 1 lasers are generally exempt from laser safety regulations.

**Class 2:** laser radiation within hazard level at eye, but in the remote operation will limit the exposure to this low level. Example: remote control for laser printer.

**Class 3A:** intermediate power lasers. Only hazardous for intrabeam viewing. Some limited controls are usually necessary.

**Class 3B:** high power lasers. Only hazardous for intrabeam viewing. All necessary controls are usually necessary.

**Class 4:** high power lasers. Only hazardous for intrabeam viewing. All necessary controls are usually necessary.
Laser Safety

recommended. Example: a helium-neon laser used in the construction industry.

Class 3B: Moderate-power lasers. Not generally a fire hazard or capable of producing a hazardous diffuse reflection, except in instances of intentional close staring at the diffuser. Specific controls recommended.

Class 4: High-power lasers. Hazardous to view under any condition (directly or diffusely scattered). Potential fire and skin hazard. Significant controls are required. Example: an Excimer laser operating in the ultraviolet.

A laser's eye-damaging ability varies depending on which area of the light spectrum it is generating. The ultraviolet radiation laser (180-400nm) causes corneal burns. Lasers in the near-infrared region (780-1800nm) cause retinal damage. These are usually Class 2, 3A, 3B and 4 lasers. The high-powered lasers, Class 3B and 4, can also cause electrical shock and skin burns. A skin cover, like opaque gloves and tightly woven fabrics, and or a "sun screen" may be recommended.

A laser consists of a resonant optical cavity filled with an active medium. The medium is acted upon by some source of excitation energy. The media could be one of three types: a solid state, a gaseous state, or a semiconductor or injection-type. Solid lasers use a crystal (i.e. ruby), glass or a semiconductor (argon) as the light amplifying substance, producing a pulsating laser beam. A gaseous state laser (helium-neon) produces a continuous beam.

For information on the laser's wattage or power of the laser, refer to the instruction/maintenance manual.

PROTECTIVE EYEWEAR

How does laser eyewear protect your eyes? The lens of the eyewear is a filter/absorber designed to reduce light transmittance of a specific wavelength. The lens can filter out (or absorb) a specific wavelength while maintaining adequate light transmission for other wavelengths. The absorption capability of the filtering media is called the optical density (OD). The OD is always expressed as a factor of 10. An OD of 5 means the filter has reduced the power of the beam to 1/100,000 of its original power. The required OD is the minimum OD necessary to reduce the beam to a non-hazardous level. The OD of the eyewear has to be at least equal to or greater than the required OD.

When choosing appropriate eyewear, time is also a consideration. How long will the eyewear protect your eye before the beam goes through? How long will you have to react if you are hit with a direct beam? According to the ANSI standard, protective eyewear shall exhibit a damage threshold for a specified exposure time (typically 10 seconds).

The eyewear shall be used in a manner so that the damage threshold is not exceeded in the worst-case exposure situation.

Main points to determine the type of eyewear required for a specific laser include:

- Laser type (Helium-Neon, CO₂, YAG, etc.)
- Wavelength in nanometers (nm)
- Mode of operation - continuous wave versus pulse wave
- Power in watts for continuous wave laser
- Power in joules for pulse wave laser
- Pulse length in seconds for pulse wave laser
- Pulse frequency in Hertz for pulse wave laser
Interpreter, Language and Hearing Services

PURPOSE

To ensure the communication needs of patients who have limited English proficiency (LEP) or who are deaf or hard-of-hearing are met through the provision of:

- Qualified medical interpreters
- Special communication devices for the deaf and hard-of-hearing patients' and for languages not served by staff interpreters
- In accordance with applicable state and federal laws

It is the policy of Palomar Health to provide equal access to and equal participation in health care activities for persons who are deaf or hard-of-hearing, and for persons with limited English Proficiency. Palomar Health will provide communication aids and services at no cost to the patient during the course of care as well as during health education programs that are open to the public. Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency (8/30/2000).

DEFINITIONS

- Interpreter: a medical interpreter is a specially trained professional who is fluent in both English and another language, has an understanding of the medical field and terminology and meets the requirements of the Interpreter Code of Ethics and National Standards of Practice.
- Limited English Proficiency patients: are those patients whose native language is other than English and who "cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with health care providers."
- CyraCom: is a service that provides 24-hour foreign language interpretation services via telephone.
- Patient's Authorized Representative: a person authorized by law or hospital policy to act on behalf of a patient who lacks decision-making capacity.

JOINT COMMISSION STANDARDS FOR PATIENT-CENTERED COMMUNICATION

Beginning January 2012, a set of new and revised standards for patient-centered communication will take effect as part of the Joint Commission accreditation. The language-specific sections of the Joint Commission standards require healthcare providers to develop a system of identifying a patient’s preferred language, certify the competency of individuals who provide language services, develop a method or program for delivering language services, document each interpreting session, and translate written documents and signage for frequently encountered languages. These standards also apply to patients who are deaf or hard of hearing. The standards are as follows:

- Instruct hospitals and healthcare organizations to define and confirm staff qualifications. Organizations will be expected to maintain documented evidence proving language proficiency assessment, education, training,
and experience for all interpreters that work full time, part time, through an agency, or through a remote telephone or video interpreter service provider.

- Require healthcare providers to identify each patient’s communication needs, both oral and written, including the patient’s preferred language for discussing healthcare. Providers are required to communicate with the patient in that language during care and treatment.

- Call for organizations to keep medical records that contain information documenting each patient’s care, treatment, and services. The records must contain demographic information including a patient’s race, ethnicity, communication needs, and preferred language.

- Involve the respect, protection, and promotion of patient rights. Hospitals must have written policies on patient rights, that hospitals inform patients of those rights, that written translations of those rights be made available in common languages, and that staff treat patients accordingly. Instructs hospitals to be respectful of patients’ cultural and personal values, religious and spiritual beliefs, and right to privacy.

- Mandate that hospitals must respect each patient’s right to receive information in a manner he or she understands. The standard directs healthcare providers to make interpreting and translation services available as necessary and to provide information in a manner tailored to the patient’s age, language, and ability to understand.

**TEXT / STANDARDS OF PRACTICE**

- Identification of Patients Who Require Interpreter Services:
  - On admission each patient will be asked to identify their language of choice.
  - Language of choice is documented in the medical record.
  - If the person is unable to communicate the name of the language they speak, language information will be sought from family, friends or significant others.
  - Assistive devices and / or interpreters will be utilized to insure information is transmitted in a timely manner to patients and families.

- Palomar Health will provide a copy of this procedure and a description of its efforts to ensure adequate and speedy communication between patients with language or communication barriers and staff to the Department of Public Health, Licensing and Certification district office annually.

- Language Communication Mechanisms
  - Spanish Interpretation:
    - Palomar Medical Center’s goal is to have Spanish interpreters in the facility 24 hours a day.
    - Staff Spanish Interpreters are located on inpatient units and in the Emergency Department and have “Interpreter” on their ID Badge.
  - CCE Medical Interpreters interns can be reached at extension 6722 and are only available to interpret at Palomar Medical Center.
  - CyraCom:
CyraCom telephonic services are available through blue dual hand set phones in most units and also accessible via an “800” number to authorized Palomar Health employees. Interpretation is available for over 150 languages. Staff is encouraged to use the CyraCom Interpretation Services for urgent needs when an interpreter is not available. Staff will bring the dual hand set phone to the bedside, assist with interpretation and documentation of the interpretation session.

- Implement CyraCom telephonic for the following situations:
  - PBX incoming calls
  - Calls placed by an employee to a non-English speaking person

- Signs of Silence:
  - Palomar Health contracts with Signs of Silence to provide qualified interpreters for the hearing impaired.
  - The Emergency Department will post the number in a conspicuous place and place the call directly to 760 744-1325 when the need arises for emergency department patients.
  - When a deaf or sight impaired individuals are admitted as an inpatient:
    - Check out the teletypewriter (TTY) phone from PBX and deliver to the patient's room
    - Follow instruction in the TTY phone for set up
    - Institute other nursing interventions for immediate communication, i.e., communication boards
    - The nursing supervisor or designee may contact Signs of Silence for an interpreter to be present at the facility as necessary.
    - For some site impaired patients the "Big Button Plus" telephone from PBX will be useful. This phone has:
      - Large keys with raised numbers
      - Braille augmentation
      - Volume enhancement for handset, speaker phone and ringer
      - Hearing aid adaptor

**USE OF INTERPRETERS**

Interpreters shall be used for LEP patients and families to ensure thorough and accurate communication. These include, but are not limited to:

- Obtaining a medical history.
- Informed Consent.
- Explaining a diagnosis and plan for medical treatment.
- Explaining any change in regimen, environment, or condition.
- Procedures/surgery.
- Medication instructions and explanation of possible side effects.
- Discharge planning.
- Legal issues (advance directives, guardianship, etc.):
  - In emergency situations, treatment will be provided in accordance with standard medical practice. Interpreters will be sought promptly, but treatment will not be delayed pending the arrival of an interpreter.
  - Children or youth should never be used to interpret.
Family and friends of the patient should not be used to interpret because they may not possess the skills to interpret accurately in a medical setting and, often because of emotional involvement, it may result in:

- Omission, substitutions and semantic errors that distort care.
- Breaches in confidentiality.
- Upset familial relationships and hierarchies that are deeply rooted in culture.
- Difficulties dealing with sensitive issues, such as reproductive health, sexually transmitted diseases and mental health.

Consider having a hospital interpreter present if patient requests the use of a family member or friend:

- If the interpretation is for any of those areas mentioned above.
- To ensure accurate interpretation.
- Document the fact that a family member or friend interpreted per the patient’s wishes.
- NOTE: Palomar Health staff may not ask, suggest, or encourage that a patient’s friend or family member interpret for a patient. Doing so is a violation of the August 30, 2000 OCR Guidance.

Documentation:

- When interpreters are used, documentation should be placed in the patient’s medical record indicating the name of the interpreter and that person’s position.
- If the interpreter is not a hospital staff member but instead a family member or friend, the records should include an explanation regarding why the hospital staff did not interpret and if the hospital interpreter or the CyraCom Interpreter was also used.