



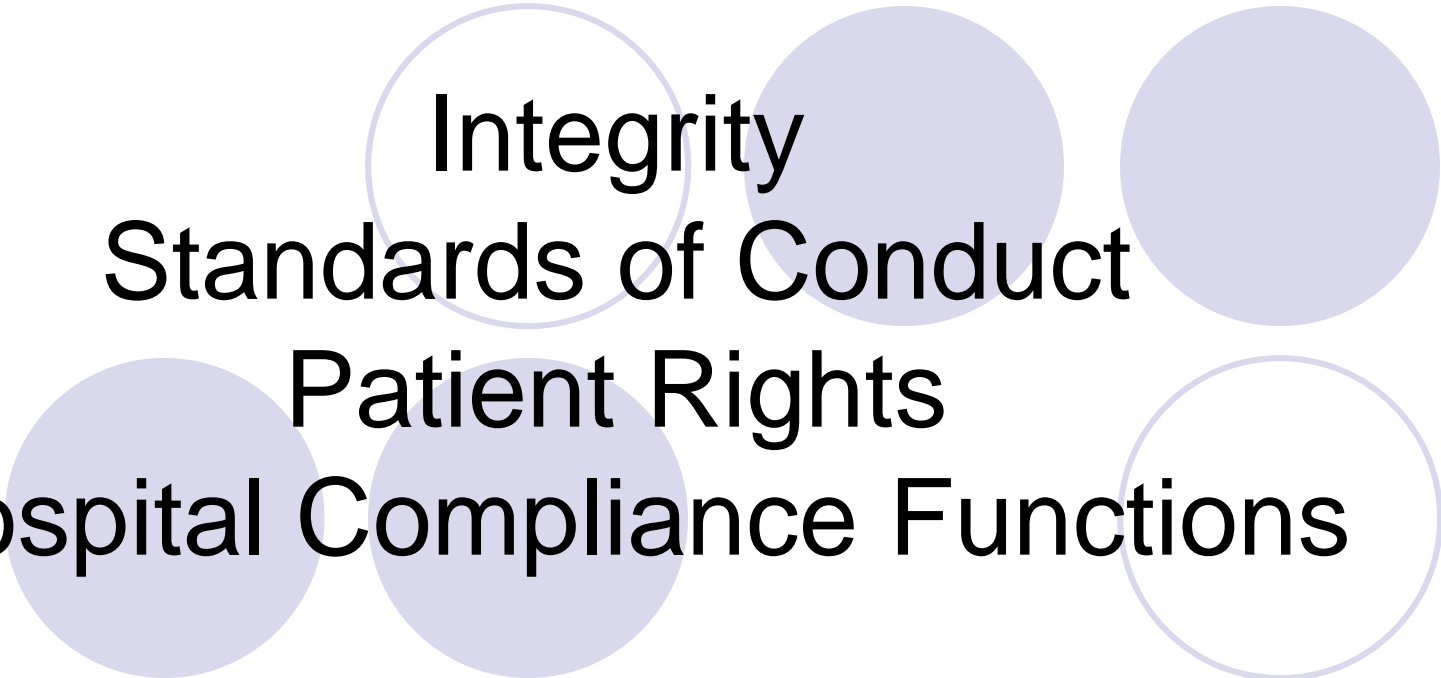
California State University, Bakersfield
Department of Nursing

Required Student Hospital
Education Program



LOCAL HEALTHCARE FACILITY ORIENTATION

Adapted from Adventist Health,
Catholic Healthcare West, Delano
Regional Medical Center, Kern Medical
Center, Bakersfield Heart Hospital
Orientation Programs



Integrity
Standards of Conduct
Patient Rights
Hospital Compliance Functions

What is the purpose of the Integrity Program?

- Reinforces commitment to being a values-based organization.
- Demonstrates commitment to ethical conduct.
- Provides us with guidelines.
- Assists in identifying strengths and weaknesses in our systems.
- Provides a structure through which problems can identified and corrected.
- Decreases risk of regulatory violations.



Elements of Integrity Program

- Standards of Conduct and Policies / Procedures
- The Regulatory Compliance Function / Management Accountability
- Education Opportunities Reporting Systems
- Auditing and Monitoring Processes
- Exclusion Screening Process
- Corrective Action



Standards of Conduct

- The Standards of Conduct are the foundation of the Integrity Program.
- All students are to follow the Standards of Conduct.

Standards of Conduct

- Patient Rights
 - Appropriate Care and Treatment
 - Emergency Services
 - HIPAA



Patient Rights



- Appropriate Care and Treatment
 - Patients are treated at all times with care, concern and respect.
 - Medically necessary care is provided to patients conditioned on informed consent.
 - Patients are informed of their right to self - determination.
 - Medicare beneficiaries are given appropriate notices.
 - Patients are provided information at discharge of post - hospital services they require.
 - A patient's special needs are considered.

Patient Rights



- Emergency Services

- Regardless of ability to pay, patients are provided:

- Medical Screening Examination, within the capacity of the facility;
- Stabilizing treatment; and
- Appropriate transfer, if necessary.

Standards of Conduct



- Ethical Conduct

- Local hospitals are committed to the highest standards of business ethics and integrity.

- Honest Communication

- Misappropriation of Proprietary Information

- Confidential Information

- Conflict of Interest

- Gifts, Gratuities, Entertainment and Honoraria

- Respect and Integrity



Standards of Conduct

- Fiscal Responsibility

- All hospitals maintain a financial statement that properly represent its financial position, results of operations and cash flow in conformity with accepted practice.

Standards of Conduct



- Laws and Regulations

- Hospitals must comply with all laws and regulations affecting its business:

- Medicare / Medicaid
- Anti - Kickback
- Self - Referral (Stark)
- Taxes
- Private Benefits
- Lobbying and Political Contributions
- Antitrust
- Employment
- Physician Relations
- Health and Safety

Standards of Conduct



- **Laws and Regulations**

- All health care facilities and entities are required to:
 - Maintain honest and accurate records concerning the provision of health care services;
 - Submit accurate claims;
 - Never offer, pay, solicit, or receive any money, gifts or services in return for the referral of patients or to induce the purchase of items or services; and
 - Document services provided accurately and completely.

The Hospital Compliance Functions

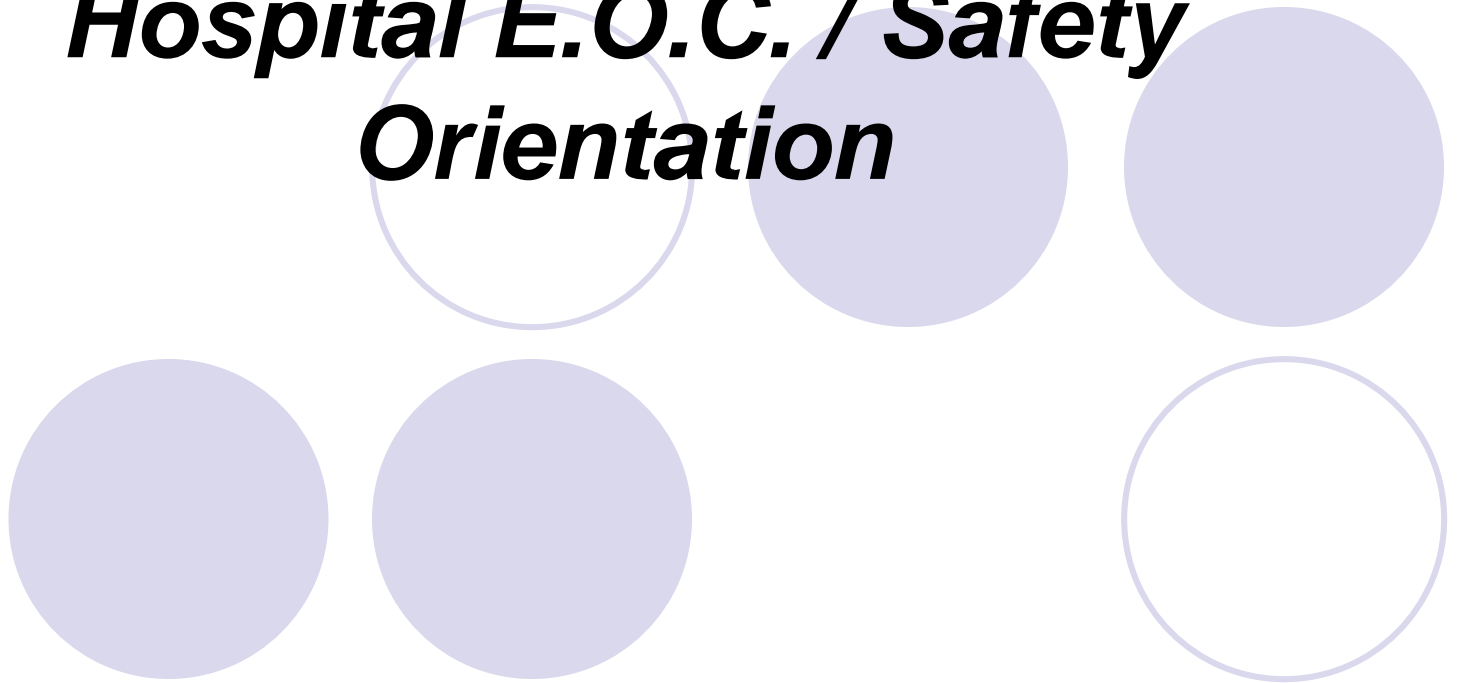
- Compliance resources include the:
 - Compliance Officer;
 - Compliance Oversight Committees;
 - A variety of other resources which support compliance efforts.

Reporting Systems

- Manager / Supervisor
- Human Resources
- Facility Compliance Liaison
- Compliance Hotline – Office of Inspector General (OIG)



Hospital E.O.C. / Safety Orientation



Hospital E.O.C. / Safety Orientation

Environment of Care Management Plans

- ***1. Safety Management Plan***
- ***2. Fire Safety Management Plan***
- ***3. Medical Equipment Management Plan***
- ***4. Utilities Management Plan***
- ***5. Disaster Preparedness Management Plan***
- ***6. Hazardous Waste and Materials Management Plan***
- ***7. Security Management Plan***



Emergency Hospital Codes

Bakersfield Memorial Hospital

- Code **RED** Fire Emergency
- Code **BLUE** Adult Cardiopulmonary Arrest
- Code **WHITE** Child Cardiopulmonary Arrest
- Code **YELLOW** Bomb Threat
- Code **GRAY** Combative Person
- Code **SILVER** Person with a weapon &/or
hostage situation
- Code **PINK** Infant Abduction
- Code **PURPLE** Child Abduction
- Code **ORANGE** Hazardous Material
Spill/Release
- Code Triage Internal Internal Disaster
- Code Triage External External Disaster

Hospital Emergency Codes

Mercy Hospital/Mercy Southwest Hospital

- Code **RED** Fire Emergency
- Code **BLUE** Medical Emergency / Arrest
- Code **GREEN** Workplace Violence Response
- Code **SILVER** Weapon in the Workplace
- Code **PINK** Infant / Child Abduction
- Code **YELLOW** Chemical Spill / Hazmat Alert
- Code **WHITE** Bomb Threat Alert
- Code **TRIAGE EXTERNAL** Community Based Disaster
- Code **TRIAGE INTERNAL** Structural Damage











Hospital Emergency Codes

Adventist Health

- Code White
 - Code **YELLOW**
 - Code **Blue**
 - Code **ORANGE**
 - Code **RED**
 - Code **Purple**
 - Code **Pink**
 - Code **GRAY**
 - Code Silver
 - Code Triage Internal
 - Code Triage External
- Medical Emergency - Pediatric
 - Bomb Threat
 - Medical Emergency- Adult
 - Hazardous Material Spill/Release
 - Fire
 - Child Abduction
 - Infant Abduction
 - Combative Person
 - Person w/ weapon or Hostage Situation
 - Internal Disaster
 - External Disaster

Kern Medical Center

Emergency Response Codes

| CODE RED | Code Blue | Code Pink | Code Purple | Code Yellow | Code Gray | Code Orange | Code Silver | Code Triage (Internal) | Code Triage (External) |
|--|---|---|---|---|--|---|---|--|--|
| FIRE SMOKE HEAT  | CARDIAC ARREST  | INFANT ABDUCTION Age less than 1 year  | CHILD ABDUCTION Ages 1 - 18  | BOMB THREAT  | Combative Person  | Hazardous Spill  | Person With a Weapon  | Internal Disaster  |  External Disaster |
| Call 5# Remain calm R – Rescue Relocate A – Activate (alarm) C – Confine Contain E – Extinguish Fire Extinguisher P – Pull A – Aim S – Squeeze S – Sweep | Call 5# State location Operator will announce “Code Blue” and the location Code Blue Team will respond | Call 5# If abduction is witnessed or suspected ALL hospital employees are to stop non- critical work Cover all interior stairwell doors, elevators, exit doors near work area When second staff reaches exterior door, one is to go outside and watch for suspects | Call 5# If abduction is witnessed or suspected ALL hospital employees are to stop non- critical work Cover all interior stairwell doors, elevators, exit doors near work area When second staff reaches exterior door, one is to go outside and watch for suspects | Call 5# If bomb threat or suspicious item or package is received Hospital operator will notify proper authorities. Administrator or designee will authorize hospital operator to initiate a CODE YELLOW | Call 5# If confronted with or witnessing a combative situation Hospital operator will contact the Code Gray Team to respond | Call 5# Give location and extent of spill Hospital Operator will contact the Spill Team Alert all personnel in the immediate area of the hazards of the exposure Evacuate the area if necessary | Call 5# Immediately and give the following information: • Location • Description Suspects Weapon Hostage REMAIN CALM TO REDUCE DANGER TO PATIENTS STAFF VISITORS Seek cover Warn others of the danger | Hospital operator will announce “CODE TRIAGE INTERNAL” Examples: Power Outage Plumbing Flooding Explosion (no fire) Affected departments should deal with immediate challenges Non-affected departments should follow Unit Disaster Plan | Hospital operator will announce “CODE TRIAGE EXTERNAL” Examples: Mass casualties Earthquake Flood Nuclear, biological, or chemical incident Follow Unit Disaster Plan HICS will be activated |

Hospital Emergency Codes Delano Regional Medical Center

- Code Rapid Respiratory Emergency
- Code "D" Disaster Emergency
- Code "K" Kidnapping (Child or Adult)
- Code Red Fire Emergency
- Code Blue Cardiac Arrest
- Code Green Security Emergency
- Code White Hospital Lockdown
- Code Pink Infant Abduction
- Code Yellow Bomb Threat
- Code Purple Patient Assistance
- Code Gray Hostage Situation
- Code Helicopter Helicopter Landing
- Code Orange Bio-Terrorism Emergency

Emergency Hospital Codes

Bakersfield Heart Hospital

- Code **Blue** Respiratory/Cardiac Arrest
- Code **Green** Combative Situation
- Code **Red** Fire Emergency
- Code **Yellow** Disaster Alert (Standby)
- Code **Black** Disaster Plan in Effect
- Code **Silver** Situation Involving a Gun

Wristbands and Alert Clips Used at KMC

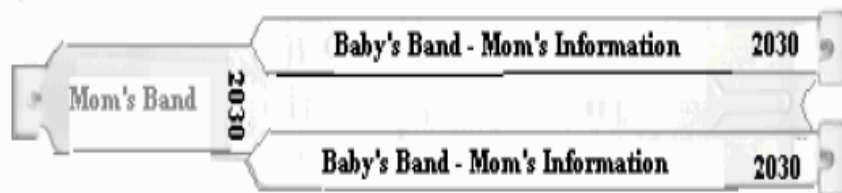
Admission ID Bands



Blue Admission ID Band: Placed on all patients registered for care and treatment at KMC.



Tiny White Admission ID Band: Newborns



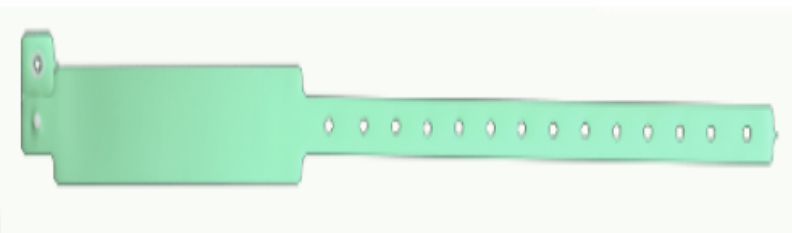
Mother and Baby ID Bands: These bands with matching numbers are placed on the mother and baby at the time of birth. The mother's identifying information is written on the baby's band

Wristbands and Alert Clips Used at KMC

Visitor ID Bands



Authorized NICU Visitors: These bands are given to those family members authorized to visit NICU patients.



Nursery Visitor Band: This band is given to the person who can visit a baby in the Newborn Nursery.

Wristbands and Alert Clips Used at KMC

Color-Coded Alert Bands



Restricted Extremity Alert Band: This band will be placed on the patient's arm or leg that *should not* be used for diagnostics or treatments, i.e., blood draws, blood pressures, IVs, etc.

Color-Coded Alert Clips:

These clips are placed on the **ADMISSION ID BAND** only



Meds in Pharmacy



ALLERGY



FALL RISK

Place on end of band



WOUND



VALUABLES
IN SAFE



COMFORT
CARE

Must be
verified
by MD
order.

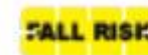


Adventist Health – Color Coded Wristbands

- Effective June 15, 2009, SJCH will implement the Color Coded Wristband Policy. All RNs have been assigned to complete an education module on this in HealthStream.
- What does this mean to non-nursing staff?
- All patients (in-patient and outpatient) will be assessed by their RN for Allergies, Fall Risk and Code status (maximum, directed or comfort code).
- Patients with known allergies will have a RED ALLERGY alert clasp attached to their blue wrist band
- Patients assessed to be a fall risk will have a YELLOW FALL RISK alert clasp attached to their blue wrist band
- Patients with a physician's ORDER on their chart for a COMFORT CODE will have a PURPLE DNR alert clasp attached to their blue wrist band
- ONLY the RN may apply or remove the color coded wrist band alert clasps
- Any time you have to remove or replace a patient's wrist band for any reason, or it falls off, or you notice a patient without their wrist band, your responsibility is to notify the patient's RN so the band can be re-applied and the patient assessed for the needed alert clasps ~ ASAP. We share the job of keeping all of our patients safe.

Adventist Health – Color Coded Wristbands

- **Below is a picture of what each alert clasp looks like. Be aware of these when performing any patient interventions.**





Emergency Phone Numbers

- Bakersfield Memorial Hospital – Dial 77, Dial 70 for Security
- Kern Medical Center – Dial 5#
- Mercy Hospital & Mercy Southwest Hospital – Code **Red** Dial 7777, Code **Blue** Dial 7777, All other codes Dial 0
- San Joaquin Hospital – Dial 700
- Delano Regional Medical Center – Dial 0
- Bakersfield Heart Hospital 5555
- Outside of the hospital facilities – Dial 911



Safety Management

● Safety Committee

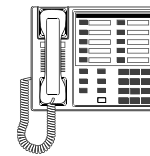
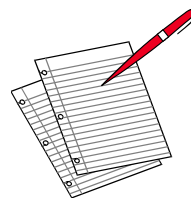
- Holds regular safety meetings
- Recommends or review safety polices and procedures
- Conduct safety inspections
- Gets involved in corrective measures
- Investigates accidents
- Director of Safety / Security - *Ken LaBrecque*

● Safety Officers

- Each facility has a designated safety officer.
- During your clinical rotation at the facility determine who is the unit manager.
- Any safety issues should be brought to the attention of the instructor and the unit manager

● Reporting Safety Hazards

- Contact floor Manager, Supervisor or Coordinator at once..



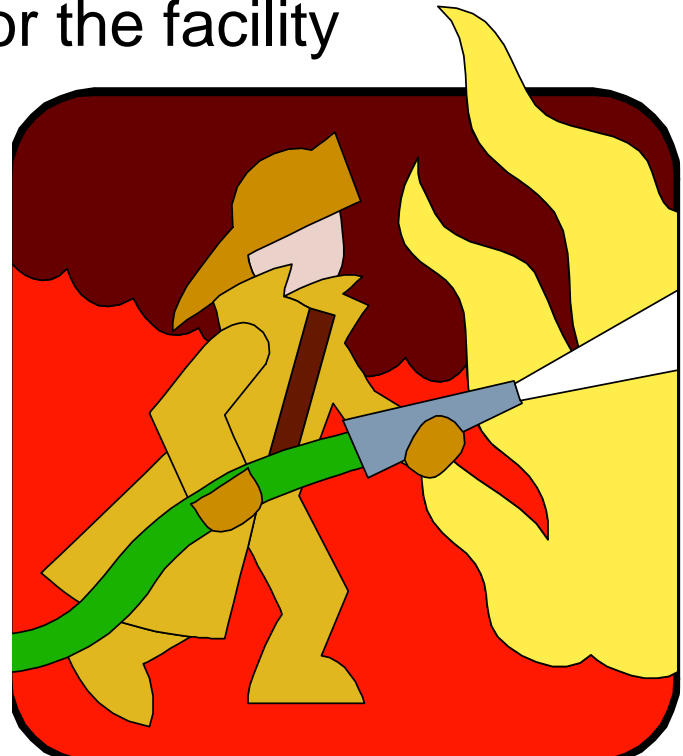
● Policy and Procedures

- Policy & Procedures are found in each department. Or are accessible via the computer system.
- At KMC, MH / MSH on-line Policies are available to lookup
- Found in each department are **Red** Binders containing information of action plans to address a variety of emergency and safety situations.

Fire Safety Management

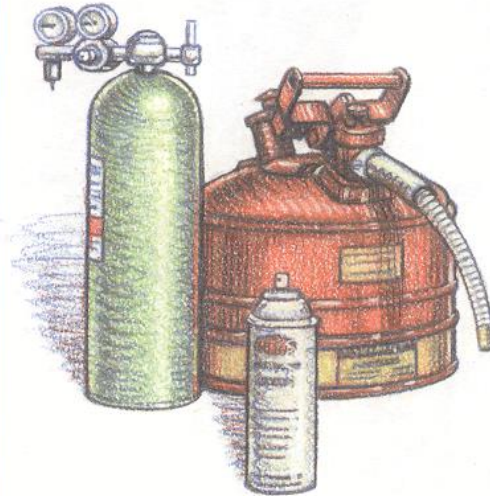
Fire Safety

- Code **RED**
- Dial the emergency number for the facility you are in
- R.A.C.E.
- P.A.S.S.
- Fire Extinguishers
- Drills
- Evacuation Plans
- Fire Alarms



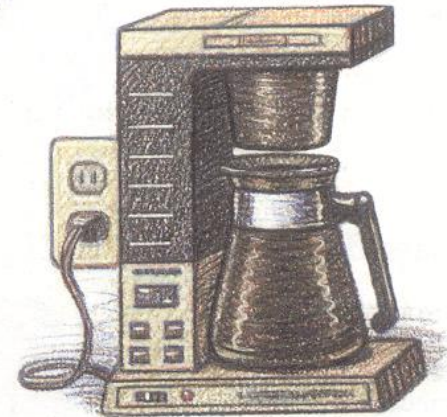
Causes of Fires

- **Class-A** fires involve the burning of ordinary combustibles like wood, paper, cloth, rubber or certain plastics.



- **Class-B** fires involve the burning of gases and liquids.

- **Class-C** fires involve the burning of energized electrical equipment such as appliances, air conditioning and heating units, motors and generators.



- **Class-D** fires involve the burning of certain metals.

As a healthcare worker you are at most risk for Class-A, Class-B and Class-C fires. You can identify and correct hazards related to these fires by following some simple rules.

Code RED Actions

Learn to RACE in an Emergency

Rescue

Get everyone away from immediate danger.

Alarm

Pull fire alarm station and call PBX with notification.

Confine

Close doors and windows to help keep fire and smoke from spreading.

Extinguish / Evacuate

Use fire extinguisher to extinguish fire and evacuate, if fire is out of control.



The Fire Extinguisher

- **The Fire Extinguisher**

- **Pull**

Pull the pin.

- **Aim**

Aim the nozzle at the base of the fire.

- **Squeeze**

Squeeze the operating handle to release the extinguishing agent.

- **Sweep**

Sweep from side to side at the base of the fire until the fire goes out.



General Evacuation Rules

- Senior Management or Designee will make the decision for a full evacuation. Remember these rules:
 - Know the locations of the nearest fire doors.
 - Relocate patients horizontally first (other side of nearest fire door).
 - Account for all patients and visitors.
 - Never leave a group of patients unattended.
 - Bring patient records with you.
 - Direct firefighters to the fire and to any patients remaining in the unit.

Smoking Policy



- The health care facility's endeavor to promote health and wellness among patients, visitors and staff.
- Adventist Health and Mercy Hospital/Mercy Southwest Hospital are no smoking facilities.

This smoking policy has been developed to restrict smoking to a minimum and only in designated areas, in order to:

- Reduce risk to patients who smoke, including possible adverse effects on treatment;
- Reduce risks of passive smoking for others; and
- To promote safety by reducing the risk of fire.

Code BLUE

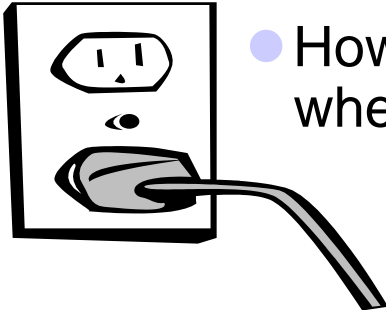
Medical Emergency / Alert

- Dial the appropriate emergency number or use the “panic button”.
- Determine unresponsiveness.
- Call a Code **Blue**.
- Begin your ABC Assessment.
- If needed begin CPR.



Utilities Management

- The Utility Systems Management Program addresses processes that provide for emergency procedures to be activated in the event of utility system failure including:
 - Specific procedures in the event of utility systems malfunction;
 - Identification of an alternative source of essential utilities;
 - Shutoff malfunctioning systems and notification of staff in affected areas;
 - Obtaining repair services; and
 - How and when to perform emergency clinical interventions when utility systems fail.



Medical Equipment Management

- Reporting medical device events involves everyone. Immediately report the event to your supervisor who shall contact the appropriate person(s) or department.
- Any equipment that an employee feels is unsafe shall be taken out of service immediately.
- Equipment has been place on a preventative maintenance program. **PM Tags** are found on medical equipment which identifies date and by when equipment is due for maintenance.

Disaster Preparedness Management

- **The Hospital Emergency Incident Command System** (H.E.I.C.S.) can be found in your departmental Red Disaster Binder.
- Each employee should know the location of his or her hospital H.E.I.C.S. storage center. Each center is set-up to provide the necessary supplies to implement the system.
- **Code Med Alert, Code Triage or Code Disaster** will be used to alert staff to a disaster situation.
- All facilities conducts disaster drills and every student will participate when called upon.

Incident Command Locations

- Mercy Hospital - Clerou Lecture Center
- Mercy Southwest Hospital – Café Conference Room (aka Physicians Lounge in Cafeteria)
- Bakersfield Memorial Hospital – First floor North Tower – Radiology Area
- Kern Medical Center – Administrative Conference
- San Joaquin Hospital – Administration
- Bakersfield Heart Hospital -2nd Floor classroom

Hazardous Waste & Materials Management



- Learn to recycle!
- Proper bags for proper use. **RED**, WHITE, **BLUE** **YELLOW** and CLEAR.
 - Bags at KMC – red-biohazardous waste, blue-line, yellow-chemo comes from pharmacy in yellow bags, yellow bags are not used for disposal, clear-trash, white- not used.
- Proposition 65 - Safe Drinking Water & Toxic Enforcement Act. The State of California lists substances known to cause cancer or reproductive harm.
- Chemical Safety - Your Right to Know Chemicals in the Workplace.
- Asbestos notification requirements when asbestos is present.
- How Do I Report a Chemical Spill / Hazmat - Code **YELLOW** (Mercy); **ORANGE** (BMH, ADVENTIST, KMC)
- MSDS on Demand Program.
- NFPA / MHMIS Labels (next slide).

Waste Disposal

| | | | | | |
|--|---|---|---|---|--|
|  |  |  |  |  |  |
| <p>Regular Waste: Clear or Black Bag</p> <ul style="list-style-type: none"> <input type="checkbox"/> IV bags and tubing without medication additives <input type="checkbox"/> IV Plain & Electrolyte <input type="checkbox"/> TPN <input type="checkbox"/> Empty medication vials or containers <input type="checkbox"/> Trash /wrappers <input type="checkbox"/> Dressings (bandaids) <input type="checkbox"/> Chux & Diapers <input type="checkbox"/> Gloves <input type="checkbox"/> Empty foley bags and other drainage bags <input type="checkbox"/> Disposable patient items <input type="checkbox"/> Sanitary napkins <input type="checkbox"/> Food products | <p>Biohazardous Waste: Red Bag</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood and all OPIM (Other Potentially Infectious Material) <input type="checkbox"/> Blood tubing/bags/hemovac/s/plurevac <input type="checkbox"/> Soaked/ dripping bloody dressings <input type="checkbox"/> Intact glass or plastic bottles with bloody fluid or OPIM <input type="checkbox"/> Suction liners with bloody fluid or OPIM <input type="checkbox"/> All disposable items soaked or dripping with blood or OPIM | <p>Sharps Waste: Sharps Disposal Containers</p> <ul style="list-style-type: none"> <input type="checkbox"/> All sharps Examples: <i>needles, broken glass vials, broken ampules, blades, scalpels, razors, pins, clips, staples</i> <input type="checkbox"/> All empty syringes, tubexes, carpujects or those with trace (unpourable) amount of medication <input type="checkbox"/> Trocars, introducers, guide wires, sharps from procedures, specimen devices in endoscopy, etc. (Use large volume sharps container with foot pedal if needed) | <p>Pharmaceutical Waste: Blue Containers</p> <ul style="list-style-type: none"> <input type="checkbox"/> No sharps <input type="checkbox"/> Syringes without sharps containing residual medication <input type="checkbox"/> Residual or wasted narcotics and/or controlled drugs – expel content into container <input type="checkbox"/> Used Narcotic patches (fold in half)Ex: <i>Fentanyl</i> <input type="checkbox"/> IV bags and tubing with residual medication <input type="checkbox"/> Partially used/ residual prescription or non-prescription medication <input type="checkbox"/> Creams, ointments, eye drops, suppositories <i>Ex: vials, tablets, capsules, powders, liquids, eye drops, cream/lotions, suppositories</i> | <p>Chemo Waste: Yellow Containers</p> <ul style="list-style-type: none"> <input type="checkbox"/> Return all unused Chemo to Pharmacy for credit or disposal in chemo container provided at the time of dispensing. Trace Chemo is: <ul style="list-style-type: none"> <input type="checkbox"/> All supplies used to make and administer chemo medication Example: <i>tubing empty bags/bottles/ vials, syringes, gloves, pads, masks, gowns, wipes etc.</i> | <p>Hazardous R.C.R.A.* Pharmaceuticals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Return to Pharmacy <i>Examples:</i> <ul style="list-style-type: none"> • Inhalers with residual (if empty-regular trash). • Unused/residual acetone • Barium • Epinephrine (Except surgical irrigation) <p>*Federal Resource Conservation and Recovery Act (RCRA) UNOPENED / EXPIRED MEDICATIONS: Return to Pharmacy</p> |

MSDS On Demand

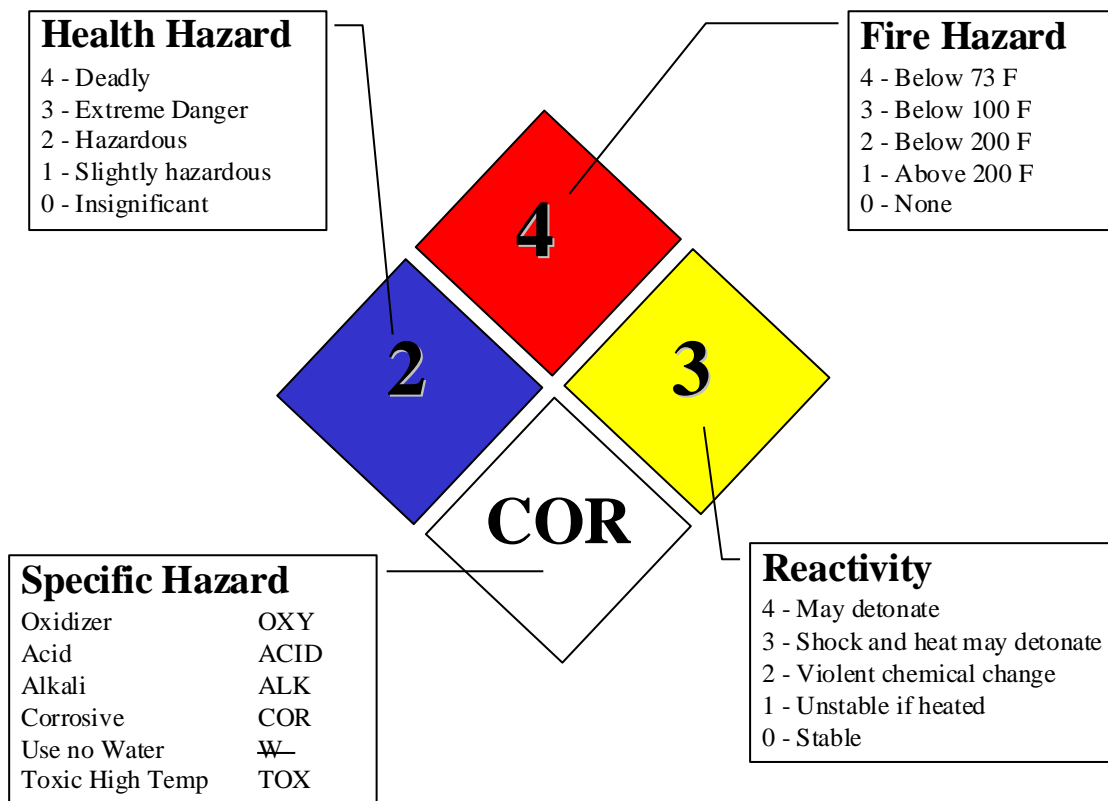
Hazardous Material Spill Actions

1. **Call PBX Operator.**
2. **Clear Area Where Spill is Located.**
3. **Locate Material Safety Data Sheet / MSDS on Demand.**
4. ***KMC – Has stickers on telephones 1-800-451-8346 or 760-602-8703.***



NFPA Label

The National Fire Protection Association (NFPA) 704 labeling system is sometimes used for secondary containers.



Security Management

● Public Safety

Provides protection to staff, patients and visitors to facilities.

- Enforce Parking regulations.
- Oversees Workplace Violence Training.
- Offer employee and visitor escort services.
- Handle Lost and Found Items.
- Investigates security and safety issues.
- Respond to Emergency Codes.



● Minimize Violence in the Workplace

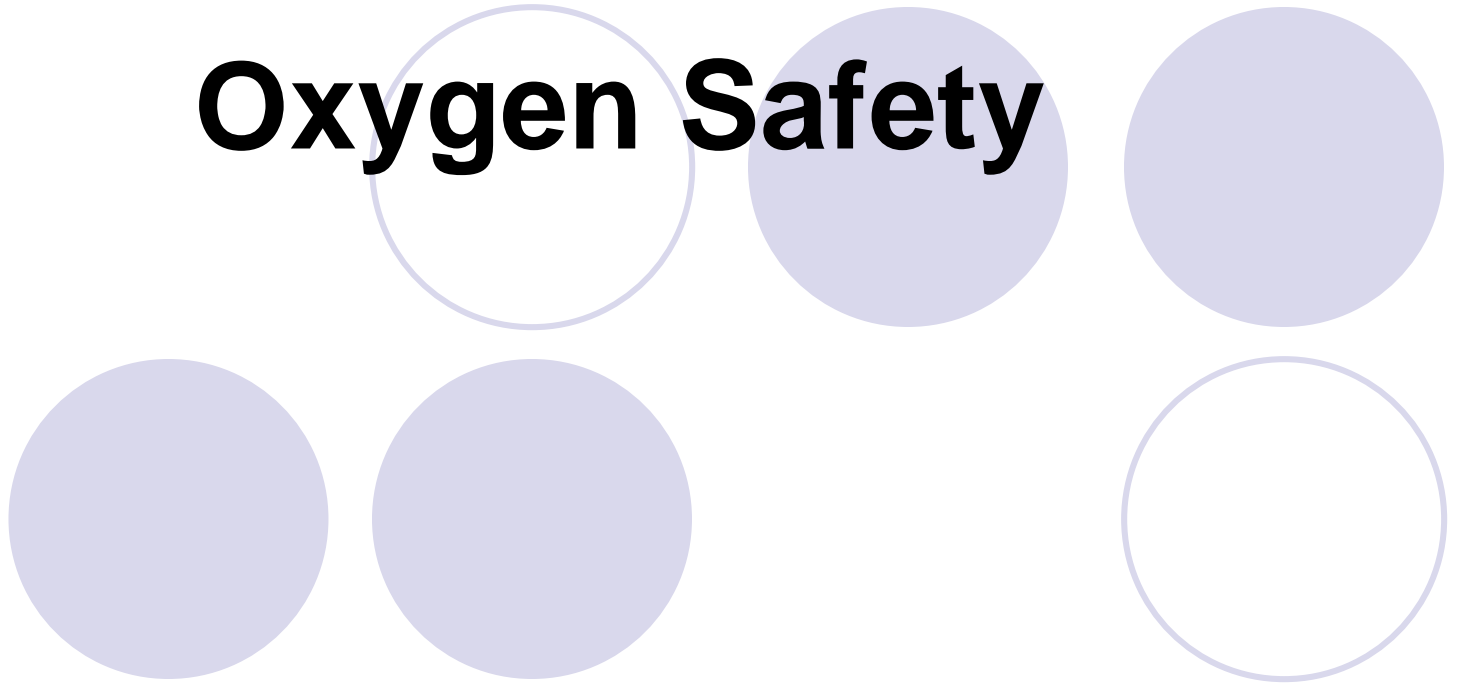
Learn and use security procedures.

- Take advantage training offered.
 - **Violence in the Workplace.**
- Take threatening or violent behavior seriously.
- Take quick action and stay calm when dealing with angry or violent people.
- Have an action plan in place before a violent incident occurs and practice it.
- Learn what causes anger and the warning signs of violent behavior.
- Obtain and know policies and procedures dealing with Violence in the Workplace.

Oxygen Safety Next



Oxygen Safety



Oxygen Safety Training

Standard Patient Care Orientation

- Oxygen is essential for life.
- Oxygen can also be dangerous during a fire emergency. Your knowledge of the interruption of piped-in oxygen and what to do with flowing oxygen in the event of a fire is crucial to saving lives.



Safe Oxygen Handling and Storage

- Oxygen gas is contained in traditionally **Green**, 30 lb. steel tanks or cylinders.
- As oxygen is a hazardous chemical, each tank must be labeled. All gases for medical use are contained in **color - coded** tanks.
- **ALWAYS READ THE LABEL** and confirm that the tank you are going to use does contain oxygen.
 - *Carbon Dioxide – Helium - Nitrogen*
 - *Nitrous Oxide - Specialty Gas Mixture*



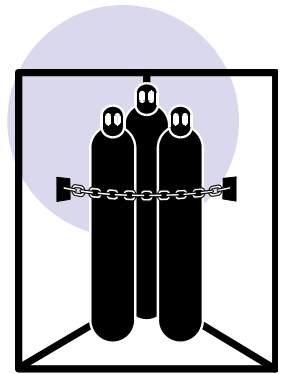
Safe Oxygen Handling and Storage

- Oxygen tanks should be stored in a rack or carrier in an upright position. If no rack or carrier is available, the oxygen tanks may be secured to the wall in an upright position by a chain or strap.
- Oxygen tanks should never be stored lying down.
- If a tank is stored with the regulator and/or flow meter attached, make sure both the regulator and flow meter are turned **OFF**.

**OXYGEN TANK MUST BE STORED WITH
THE VALVE CLOSED.**

- **Tanks should be stored in such a way to prevent falls.** A falling 30 lb. tank can cause injury. If the valve of an oxygen tank breaks due to a fall, the oxygen tank can become a 30 lb. missile which can cause grave danger to people, and loss of and/or expensive repairs to equipment and the structure.

Safe Oxygen Handling and Storage

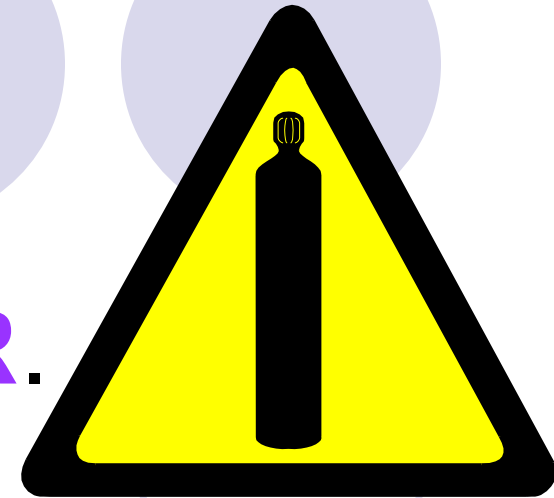


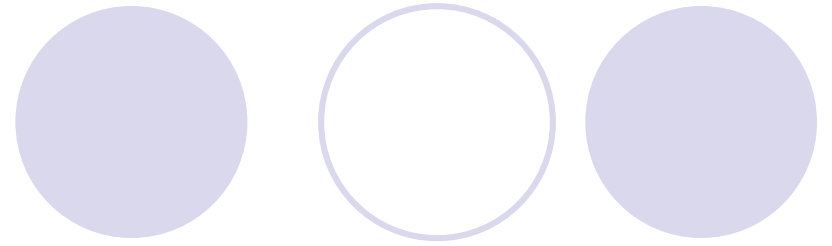
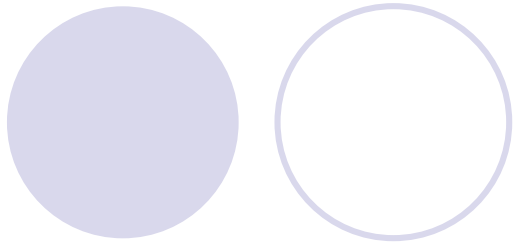
- Oxygen tanks are heavy and should be handled in a carrier for safety.
- Oxygen tanks that are empty or “not in use” may be stored in an oxygen storage room. Check with your supervisor for the location of the floors or department’s oxygen storage rooms.
- Storage of compressed gas cylinders are governed by codes of the National Fire Protection Association (NFPA), along with local codes.

Oxygen and Fire Danger

- Intentional oxygen shut - off should only occur in the event of a fire emergency or leak in the system. While oxygen itself is not flammable or explosive, it will feed a fire and cause it to burn hotter and faster. If you discover a fire in a patient room, rescue the patient from the room, activate the R.A.C.E. protocol, and follow institution specific instructions.
- **ABSOLUTELY NO SMOKING IS PERMITTED IN ANY ROOM WHERE OXYGEN IS IN USE OR ON STANDBY!!! AN “OXYGEN IN USE” SIGN SHOULD BE POSTED WHEN O2 IS IN USE.**
- Only designated personnel should shut off the floor or zone oxygen after assessing the consequences. Patients requiring oxygen will need to be connected to portable oxygen.
- Know the locations of how to obtain and the use of portable oxygen tanks, regulators, flow meters, “Christmas tree” or multi prong adapters, as well as the tank key.

**ALWAYS STORE
AND HANDLE
OXYGEN
IN A SAFE
AND
RESPONSIBLE MANNER.**





Hospital Infection Control Education



INFECTION CONTROL

**IT'S
EVERYONE'S
BUSINESS
24 / 7.**



Purpose Statement

Learn to Identify:

- How infections are spread
- How to protect patients and visitors from cross - infection.
- How to protect yourself.



Standard Precautions & Expanded Precautions



- Consider all patients potentially infectious.
- Use appropriate barrier precautions at all times.

Hand Washing



- The most important measure you can use to prevent the spread of infection.

Hand Washing



- ❑ Most hospital - acquired infections are transmitted on the hands of healthcare workers who don't wash hands, or inadequately wash their hands.

Healthcare – Associated Infections is the U.S.



- ❑ Most common complication of hospitalized patient.
- ❑ 2 million patients per year.
- ❑ 90,000 deaths result.
- ❑ Cost \$4 to 6 billion.

Self - Reported Factors for Poor Adherence with Hand Hygiene

- Handwashing agents cause irritation and dryness.
- Sinks are inconveniently located / lack of sinks.
- Lack of soap and paper towels.
- Too busy / insufficient time.
- Understaffing / overcrowding.
- Patient needs take priority.
- Low risk of acquiring infection from patients.

Another Reason Why Personnel Don't Wash Their Hands Often

- ❑ Frequent handwashing with soap and water often causes skin irritation and dryness.
- ❑ In the winter months, some personnel may even develop cracks in their skin that cause bleeding, as seen in the adjacent figure.



Many Personnel Don't Realize When They Have Germs on Their Hands

- ❑ Nurses, doctors and other healthcare workers can get 100's or 1000's of bacteria on their hands by doing simple tasks, like:
 - pulling patients up in bed;
 - taking a blood pressure or pulse;
 - touching a patient's hand;
 - rolling patients over in bed;
 - touching the patient's gown or bed sheets;
 - touching equipment like bedside rails, IV pumps.



- Culture plate showing growth of bacteria 24 hours after a nurse placed her hand on the plate.

Specific Indications for Hand Hygiene

Before:

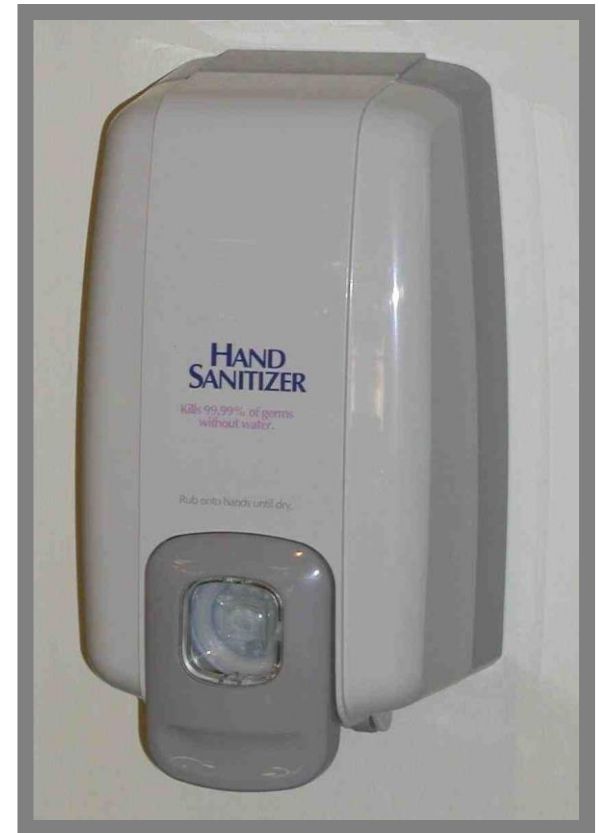
- Patient contact.
- Donning gloves when inserting a CVC.
- Inserting urinary catheters, peripheral vascular catheters or other invasive devices that don't require surgery.

After:

- Contact with a patient's skin.
- Contact with body fluids or excretions, non – intact skin or wound dressings.
- Removing gloves.

Are Alcohol – Based Handrubs Really Effective?

- ❑ More than 20 published studies have shown that alcohol - based handrubs are more effective than either plain soap or antibacterial soaps in reducing the number of live bacteria on the hands.
 - *But wash hands if soiled with blood, secretions or dirt.*



The title is centered at the top of the slide. Above the text are five circles: a solid purple circle, a hollow purple circle, a solid purple circle, a hollow purple circle, and a solid purple circle.

Efficacy of Hand Hygiene Preparations in Killing Bacteria

Good

Better

Best



Plain Soap

Antimicrobial
soap

Alcohol-based
handrub



SUMMARY:

Alcohol – Based Handrubs

(What benefits do they provide?)

- Require less time.
- More effective for standard handwashing than soap.
- More accessible than sinks.
- Reduce bacterial counts on hands.
- Improve skin condition.



Recommended Hand Hygiene Technique

Handrubs

- Apply to palm of one hand, rub hands together covering all surfaces until dry.
- Volume: based on manufacturer.

Handwashing

- Wet hands with water, apply soap, rub hands together for at least 15 seconds.
- Rinse and dry with disposable towel.
- Use towel to turn off faucet.



Fingernails & Artificial Nails

- Natural nail tips should be kept to ¼ inch in length.
- Artificial nails are not permitted for health care workers with responsibilities for direct patient contact, preparation of food or medical supplies.

Wear Gloves

- When touching blood, body fluids, mucous membranes or non-intact skin of all patients.
- When handling items or touching surfaces contaminated with blood or body fluids.
- Wash hands after removing gloves.
- Change gloves between patient



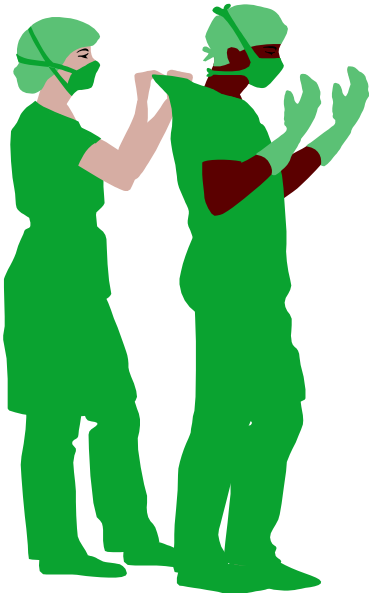
Wear Masks & Protective Eye Wear

- During procedures that are likely to cause splashes of blood or other body fluids (to protect the mucous membranes of the eyes, nose, and mouth).



Wear Gowns

- During procedures that are likely to generate splashes of blood or other body fluids.



Standard Precautions & Expanded Precautions

- Additional isolation measures are necessary to prevent transmission of:
 - Antibiotic - resistant bacteria.
 - Highly - contagious microorganisms.

Standard Precautions & Expanded Precautions

Strict Contact
Precautions

☐ Strict Contact Isolation -

- MRSA, Vancomycin Resistant Enterococci (VRE), C. Difficile

Droplet
Precautions

☐ Droplet Precautions -

- Pertussis, Meningococcal Pneumonia / Meningitis

Airborne
Precautions

☐ Airborne Precautions -

- TB, Measles, Chickenpox

Standard Precautions & Expanded Precautions

Strict Contact Precautions

- Strict Contact Isolation -
 - MRSA, VRE, C. Difficile
- Requires that all persons entering the Strict Contact Isolation Room must wear a gown and gloves.
- All equipment must be disinfected prior to being removed from the isolation room.

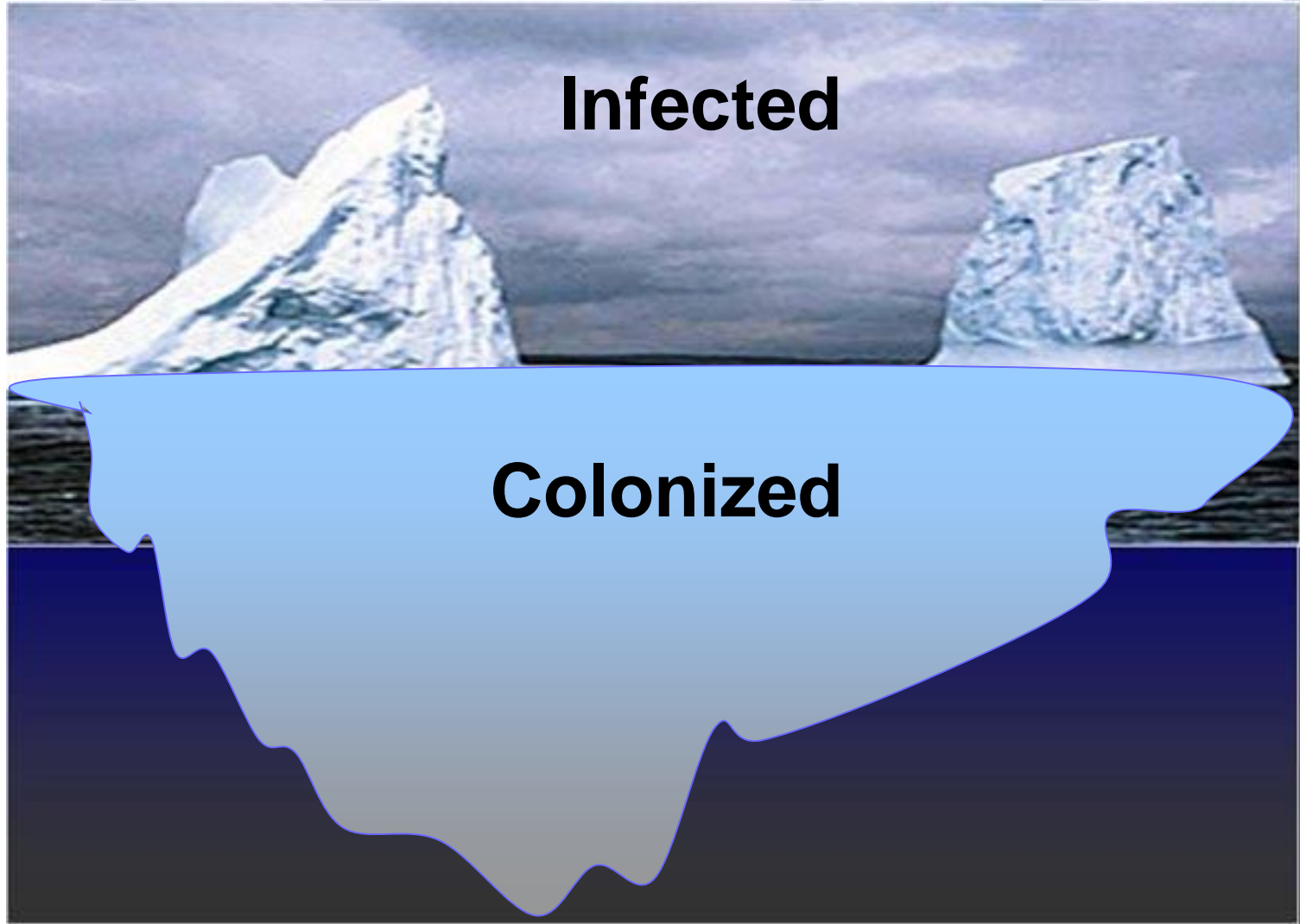


Colonized or Infected

(What is the Difference?)

- ❑ People who carry bacteria without evidence of infection (fever, increased white blood cell count) are **colonized**.
 - ❑ If an infection develops, it is usually from bacteria that colonize patients.
 - ❑ Bacteria that colonize patients can be transmitted from one patient to another by the hands of healthcare workers.
- ~ **Bacteria can be transmitted even if the patient is not infected.** ~

The Iceberg Effect



Recovery of VRE from Hands & Environmental Surfaces

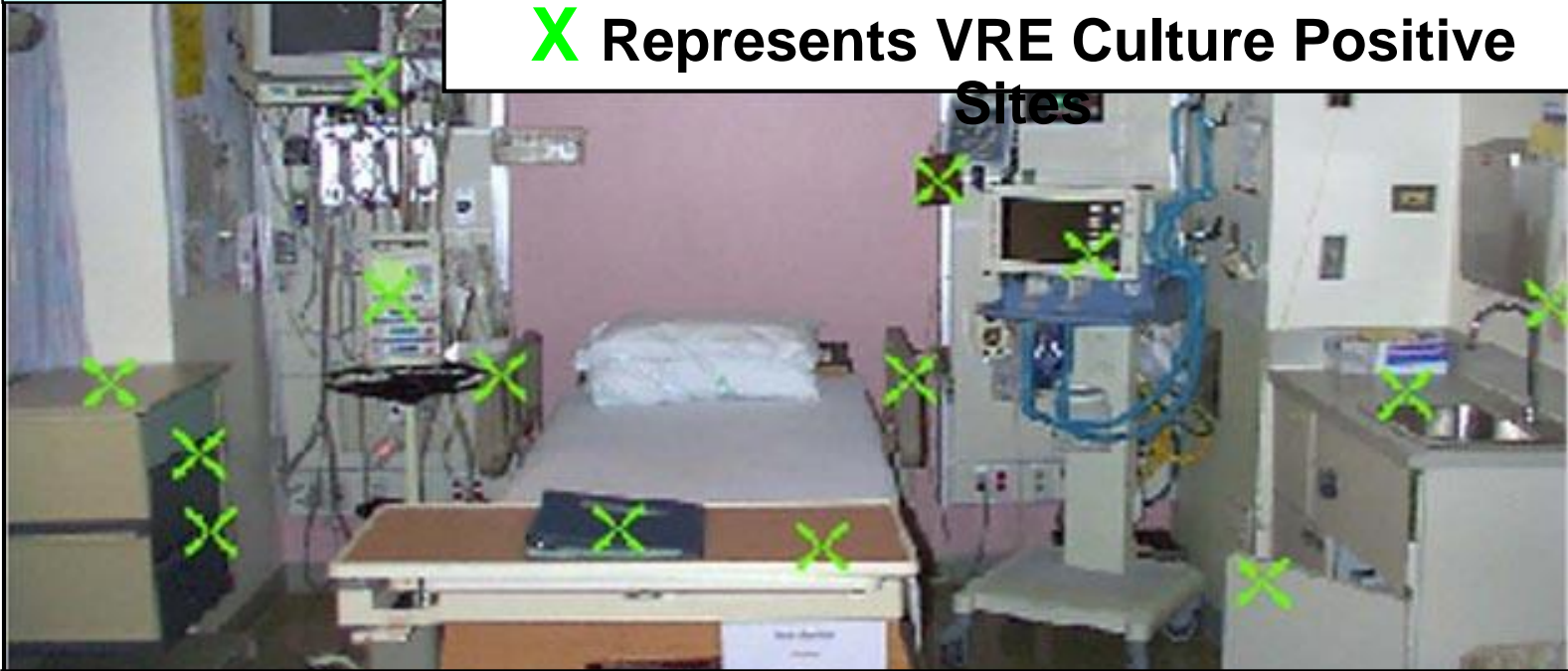
- ❑ Up to 41% of healthcare worker's hands sampled (after patient care and before hand hygiene) were positive for VRE¹.
- ❑ VRE were recovered from a number of environmental surfaces in patient rooms.
- ❑ VRE survived on a countertop for up to 7 days².

¹ Hayden MK, *Clin Infect Diseases* 2000;31:1058-1065.

² Noskin G, *Infect Control and Hosp Epidemi* 1995;16:577-581.

The Inanimate Environment Can Facilitate Transmission

X Represents VRE Culture Positive Sites



~ Contaminated Surfaces Increase Cross -
Transmission ~

Abstract: The Risk of Hand and Glove Contamination after Contact with a VRE (+) Patient Environment. Hayden M, ICAAC, 2001, Chicago, IL.



Bad Bugs are Survivors

Hospital pathogens survive on surfaces for extended periods of time:

- | | |
|--|-----------------|
| <input type="checkbox"/> Hepatitis B | at least 1 week |
| <input type="checkbox"/> Acinetobacter baumannii | 33 days |
| <input type="checkbox"/> Clostridium difficile | 70 days |
| <input type="checkbox"/> VRE | 4 months |
| <input type="checkbox"/> MRSA | 9 months |




Clean is the Best Defense

Daily clean high - touch surfaces with a disinfectant:

- Bed rails
- Overbed tables
- Light switches
- IV pump controls
- Phones
- Computer keys

A decorative header consisting of five circles in a row. From left to right, the colors and styles are: a solid light purple circle, an outlined light purple circle, a solid light purple circle, an outlined light purple circle, and a solid light purple circle.

Bloodborne Pathogens

A 3D illustration of a syringe. The syringe has a grey plunger and a grey barrel. The needle is black and is shown with a stream of small black dots representing a liquid being injected. The syringe is positioned vertically on the left side of the slide.

Healthcare workers have an occupational risk of exposure to Bloodborne Pathogens:

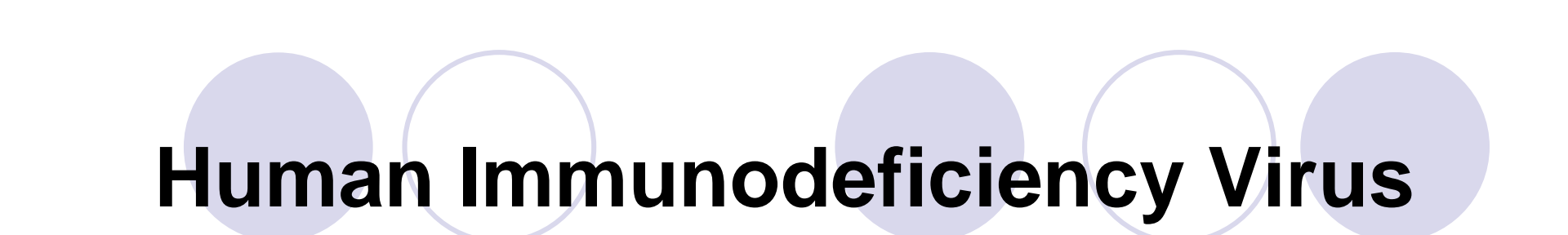
HIV, Hepatitis B, Hepatitis C



Bloodborne Pathogens

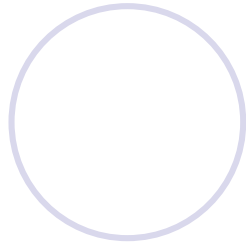
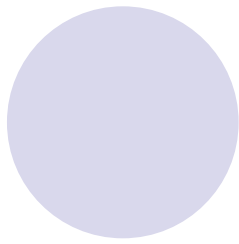
Bloodborne viruses may infect a person by being introduced via:

- Openings in the skin (cuts,nicks).
- Punctures or cuts from contaminated sharps.
- Mucous membranes - eyes, nose and mouth.

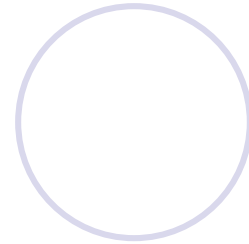
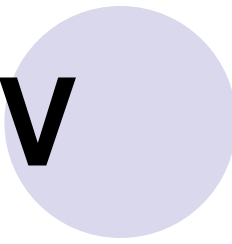


Human Immunodeficiency Virus (HIV)

- ❑ Attacks immune system, eventually resulting in AIDS.
- ❑ Initially when infected with HIV a person has flu-like symptoms (fever, diarrhea, fatigue).

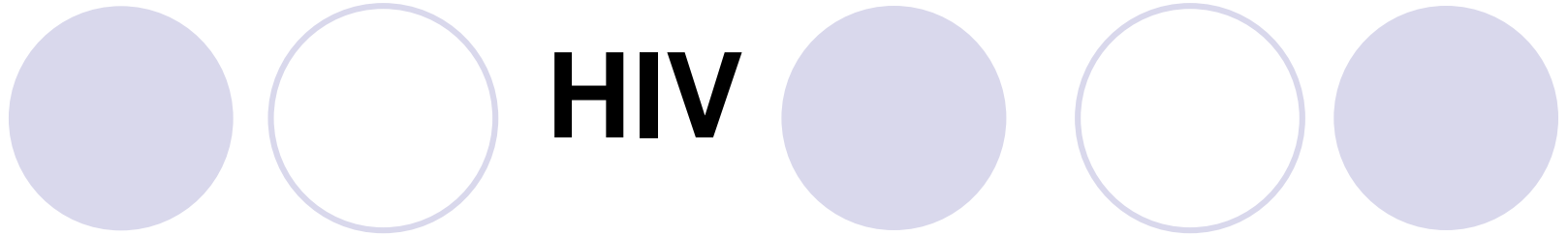


HIV



The virus may be present in these body fluids:

- Blood, semen, vaginal secretions, CSF, synovial, pleural, peritoneal, pericardial and amniotic fluid
- Unfixed tissue or organs
- Any body fluid containing blood



Risk of HIV infection:

- Needlestick 0.3%
- Non-intact skin or mucous membrane exposure <0.1%

Centers for Disease Control (2010). Retrieved from <http://www.cdc.gov/hepatitis/statistics.htm>



Hepatitis B

Transmitted in blood, saliva and semen:

- ❑ In 2007, an estimated 43,000 persons in the U.S. were infected with Hepatitis B.
- ❑ 3000 die per year.

Centers for Disease Control (2010). Retrieved from <http://www.cdc.gov/hepatitis/statistics.htm>



Hepatitis B

- ❑ Risk of infection from a needle stick or mucous membrane contact ranges from 3 - 30%



Hepatitis C

Spread by contact with infected blood.

- Risk of infection from a needlestick or mucous membrane contact ranges from 1 - 10%.

Centers for Disease Control (2010). Retrieved from <http://www.cdc.gov/hepatitis/statistics.htm>

Safe Handling of Needles & Sharps

- ❑ Use appropriate sharps containers.
- ❑ Discard used sharps immediately.
- ❑ Avoid recapping needles.





Blood / Body Fluid Exposures

- Apply First Aid.
- Report exposures immediately.
 - KMC – contact clinical instructor as well as charge nurse. Charge nurse will facilitate contact with Employee Health. If after hours, the charge nurse will contact the nursing supervisor. Students should not fill out an occurrence report. As part of the exposure packet, the charge/supervisor will complete the occurrence report.
- Fill out incident report.
- Contact Employee Health.

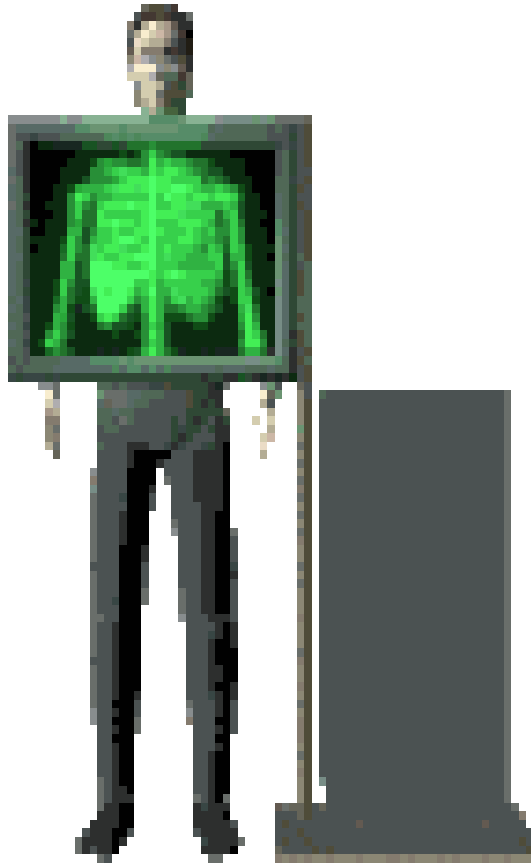
When Employee Health is closed contact Clinical Coordinator.



Things You Should Know!

- Cleaning Blood Spills
- Hepatitis B Vaccine
- Exposure Control Plan

Tuberculosis (TB)



- Why It's Back.
- How We Can Protect Ourselves.



TB Transmission

- ❑ Lungs are most common site of infection.
- ❑ Transmitted by inhaling airborne TB droplet when infected person coughs or sneezes.

Signs & Symptoms of TB

- Productive cough.
- Hemoptysis (blood in sputum).
- Night sweats.
- Fatigue.
- Unexplained weight loss, (15 - 20 lbs.).

TB Control Measures

Airborne
Precautions



- TB risk-assessment of all patients.
- Airborne Isolation.
- Negative Pressure Room.
- TB respirator (N95 mask).
- TB skin tests (INH for converters).

Medical Waste Disposal



- Place medical waste in red biohazard bags for disposal.
- Items which have liquid blood contamination must be placed in red bags.



Individual Employee Health

- Practice good personal hygiene.
- Keep current on immunizations.
- At least annual PPD screening.
- Report exposures to communicable diseases.
- Work restrictions for some infections.
- Other.



Social Services

Social Services

Scope of Services

- **Definition:** *Responsible for assisting patient's families in adapting to life changes brought about by the patient's illness or psychosocial factors that place the patient / family at risk.*






Social Services

Scope of Services

- ***Crisis Intervention***
- ***Issues with Problem Identification and/or Resolution***
- ***Supportive Counseling***
- ***Community Resources and Information / Referral***
- ***Grief Support***
- ***Staff Needing Consultation and/or Support***

A decorative header consisting of six circles arranged in a horizontal line. From left to right: a solid light purple circle, an outlined light purple circle, a solid light purple circle, an outlined light purple circle, and a solid light purple circle.

Social Services Other Roles

- ***Community Resources Planning***
- ***Inter. and Intra Hospital Committee Participation***
- ***Community Wide Liaison***





Social Services

Mandated Services Areas

- ***Labor and Delivery / Birthing Center***
- ***NICU***
- ***Any hospitalized Children***
- ***Cancer Patients / treatment areas***
- ***Emergency Department***
- ***Skilled Nursing Facilities***
- ***ICU***

Social Services Should be Notified of Any of the Following:

Children

- Any trauma to children 5 years and under
- Any alleged abuse to children
physical, sexual, emotional, neglect
- Any children being transferred to a hospital out of the area
- Teen pregnancy
- Death
- Mental Health
issues related to admission or current well-being
- Suicide
attempt, overdose
verbalizing any suicidal / homicidal thoughts
- Drug / Alcohol abuse
- Fetal Demise
- Birth Anomalies

Adults

- John / Jane Doe
- Any alleged abuse to adults
physical, sexual, emotional, neglect
- Homeless related to problem discharge
- Death
- Mental Health
issues related to admission or current well-being
- Suicide
attempt, overdose
verbalizing any suicidal / homicidal thoughts
- Drug / Alcohol abuse
- Elder patients living alone

| Indicators | Child | Care Giver | Adult/ Spouse | Elderly |
|-------------------|---|--|---|---|
| <p>-Behavior</p> | <ul style="list-style-type: none"> -Aggressive -Withdrawn -Unusual knowledge of sex -Tardiness or absence from school -Unusual fears (of people or going home) -Crying for attention -Lack of concentration -Ducking or flinching in response to touching -Leaving parents without hesitation -Lack of reaction to painful procedure -Feeling of guilt for injury -Unusual relation mechanism to parent -Inconsolable crying in infant, history of | <ul style="list-style-type: none"> -Gives conflicting reports regarding injuries -Becomes defensive when asked about injuries -Refers to child as difficulty, different -Does not demonstrate support, comfort, empathy -Blames child/adult circumstances for injuries -Does not allow child to answer questions -Reactions in hostile or aggressive way -Overprotective of significant <i>other</i> | <ul style="list-style-type: none"> -Fear -Withdrawal -Depression -Helplessness -Resignation -Anger -Confusion disorientation -Denial -Non-responsiveness -Agitation or anxiety hesitation to talk openly -Poor eye contact -Conflicting accounts of incidents by the family | <ul style="list-style-type: none"> -Increasing depression -Anxiety -Withdrawn -Timid -Hospital -Unresponsive -Confused -Longing for death -Anxious to please -Shopping for physicians |

| Indicators | Child | Care Giver | Adult/ Spouse | Elderly |
|-----------------------------------|---|---|--|---|
| -Signs of Physical Neglect/ Abuse | <ul style="list-style-type: none"> -Missing hair -Burns -injuries, redness around genitalia Bruises, welts, or broken bones _injury or medical condition that has not been properly treated -Unexplainable old injuries -Injuries at different stages of healing -Injuries that do not match history -Poor hygiene | <ul style="list-style-type: none"> -New health problems -New affluence -Withholding food or medicine -Substance abuse -Unusual fatigue -New self-neglect -Suicide attempts | <ul style="list-style-type: none"> -Frequent visits to ER -Multiple injuries at various stages of healing -Evidence of alcohol or drug abuse -Injuries inconsistent with patient's report -Eating disorders -Lacerations, burns, vague or non-specific physical or psychological complaints of fatigue, anxiety, depression, nerves, fearfulness, loss of appetite, dissociation, chronic headaches, insomnia, atypical chest pain | <ul style="list-style-type: none"> -Signs of injury (profile similar to child or adult) -Vague health complaints -Pallor -Wasting -Dehydration -Decubiti -Poor personal hygiene -History of eating accident prone -Home alone -Over/under medicated |

Agency Contacts

- **Victims of Domestic Violence:**

- Alliance Against Family Violence 24 Hour Hotline 661-327-1091
- Bakersfield Police Department 327-7111
- Kern County Sheriff's Department 861-3110

- **Resident of a Residential Care Home or Nursing Home:**

- Long Term Care Ombudsman 325-5943, ext.109 or 323-7884

- **Agencies to Contact About Abuse:**

- Child Protective Services 631-6011

- **Age 65 or Older or Dependent Adult Between 18-64:**

- Adult Protective Services 868-1006

The background features several light purple circles of varying sizes and a faint watermark of a person's profile. The main title is centered in the upper half of the slide.

CONFIDENTIALITY and PROTECTED HEALTH INFORMATION

Shhhhhh!!!

Individually Identifiable Health Information (PHI)

- Defined as:
 - Any one of 18 defined demographics
 - the past, present and future physical or mental health conditions, treatments and payments.
- Applies to data that is electronically stored and transmitted, even if stored in a non-electronic form at a later time
- Name
- Address
- Names of relatives
- Names of employees
- Birth date
- Telephone number
- Fax numbers
- E-mail addresses
- Social Security Number
- Medical record number
- Health plan beneficiary number
- Account number
- Certificate / license number
- Any vehicle or other device serial number
- Web URL
- IP address
- Finger or voice prints
- Photographic images and any other number, characteristic or code that may be used to uniquely identify an individual

PHI (continued)



- Policies specifically impacting the patient and facility are located in the policies of each facility under the HIPAA section.
 - Direct questions to the Instructor and Unit manager of the facility
- Policies are developed through collaboration of the facility compliance officer / team and administration or corporate leadership



Patient Confidentiality

- It is everyone's responsibility to protect patient information and confidentiality.
- Patients have the right to restrict the release of their information to others that are not part of treatment, payment, or operations.
- Do not contact anyone in the community about a patient admission unless it is part of your job function.
- Do not share or discuss patient information with those that don't need to know, i.e. with hospital staff or anyone in the community.
- Do not discuss patient information in public areas.
- If the law requires that you report patient information you don't need the patient authorization to do so i.e. reporting abuse.
- Access to protected health information is restricted by job function and need to know. This is based on the minimum needs of the position.
- Staff and physicians involved in the patient's TPO are permitted to discuss a patient's conditions or other types of protected health information.



Facility Patient Directory

- Refers to the location of the patient within the facility
- Patients may restrict or prohibit the use of their information in the facility directory i.e. OPT OUT.
 - The FPD process is completed at the time of admission and is recorded in the hospital system.
 - If a patient opts-out of the FPD an “Opt-out” comment or symbol is entered by the patients name and will show with any report having a patient name listing.
 - If you don’t have access to a patient report that lists their name, you must refer the question to the PBX Operator.

Patient information will be provided only when the request is for information by patient first and last name.

Patient's Family, Friends Access to PHI

- You may disclose PHI to members of the patient's family, friends, or any person identified by the patient as being involved in their care or payment, if patient has agreed to the disclosure.
 - Disclose only PHI that is directly relevant to the family and friends' involvement with patient's care or related payment.
- **This authorization process is completed at the time of admission and includes a form which indicates who is permitted and what the patient's code is. The authorization form is include in the patient's medical record.**
- Use professional judgment about disclosures in an emergency or when patient is unable to express agreement.
 - You may disclose a patient's location, general condition, or death to notify, identify, or locate a family member or personal representative of the patient.

Accounting of Disclosures

- Patients have a right to receive an accounting of certain disclosures of their PHI that go beyond the facility's use and disclosure for Treatment, Payment, and Healthcare Operations ("TPO").
 - Includes most disclosures for public health or law enforcement purposes, including verbal disclosures.
 - Examples include birth records, registries, infectious disease, and disclosures under court order or subpoena.
 - Excludes disclosures authorized in writing by the patient, disclosures through the facility directory, and those for TPO.
- If your job requires that you disclose PHI to third parties, it is your responsibility to know the specific policies regarding such disclosures and the exact requirements to document and record them.

Documentation of the disclosure must include the following elements:

- Date of disclosure.
- Name of the entity or person who received the PHI and if known the address.
- A listing of the type of PHI released i.e. name, address, date of birth, social security number, phone number, admission/discharge date; medical information; treatment information billing information.
- Manner of the disclosure i.e. In person; mailed; telephone; fax; email.
- Purpose for PHI disclosure.
- If multiple disclosure to the same entity or person, the frequency, periodicity, or number of disclosure during the accounting period and the date of the last disclosure.
- Tracking forms are available for this purpose, check with your department supervisor for the process used in your department.

Investigation & Mitigation of a Breach of Privacy / Confidentiality

- If you know of a breach of patient privacy or confidentiality, you must immediately report it to your Facility Privacy Official (FPO).
- The FPO will investigate and respond to all privacy and security complaints.
- Any breach by a staff or others is subject to formal corrective action as set forth in policy.



Sanctions Policy

- **The following process must be followed when an employee breaches, or is suspected of breaching confidentiality or Patient Privacy.**
 - Level 1
 - Observer reports it to his/her immediate supervisor, FPO, or Human Resources Director.
 - The supervisor or FPO, as applicable, shall report the incident to the Human Resources Director.
 - Anonymous reports of a Breach of Patient Privacy or Confidentiality are acceptable.
 - The supervisor and HR Director will identify and implement an appropriate action plan and communicate the plan to the FPO.
 - Levels 2 and 3
 - The HR Director shall establish an investigative team that will include the HR Director, the senior manager of the employee's department and the FPO.
- (continued)*

Sanctions Policy continued...

- Levels 2 and 3, continued
 - The investigative team will interview all involved parties and write a report.
 - The HR Director and departmental manager will decide upon the corrective action.
- Reporting and filing requirements
 - For all levels of breach, the initial report and all written documentation relating to it will be maintained in a confidential file in Human Resources for a minimum period of six (6) years.
 - All disciplinary action will be filed in the employee's personnel file.
 - A summary of the incident and the results of any mitigation will be maintained by the FPO.
- **Employees may appeal discipline under this policy pursuant to the existing mechanisms available at each the facility, e.g., dispute resolution, collective bargaining, By Laws, etc.**



Protecting Passwords

- Memorize your password and do not write it down or post it where it is accessible to others. If you do write them down, keep that piece of paper secure.
- Do disguise them as something else, like entries in an address book.
- Do not share your passwords, not even with your supervisor or IT personnel.
- If you suspect your password has been compromised, call the help desk to report and change your password.



Picking Good Passwords

- Do base them on a favorite phrase or image, so they'll be easier to remember (avoid names, birthdays, pet's names, etc.).
- Do make them long (at least seven characters, ideally longer).
- Do include mixes of uppercase letters, lowercase letters, numbers, and symbols like `_ * & ^ % $ # @ !`.
- Do use at least four different characters (don't just repeat the same ones).
- Do use different passwords for different systems, and change them once in a while.
- Don't use a real word in any language unless you alter the spelling substantially.
- Don't use consecutive letters, numbers or adjacent keyboard characters (“`abcdefg`” ... “`1234567`” ... “`qwertyu`”).

Controlling Documents and Files

- Do not email or FTP PHI or sensitive information outside of the hospital network without approved methods of secure file transfer. Contact IS Helpdesk.
- Do not copy PHI or sensitive information to any removable media, such as diskettes or CDs unless you can store the media securely.



Malicious Software

- **SPAMS, SPOOFS, HOAXES AND PHISHES**
Unsolicited email isn't just annoying; it can be dangerous.
- Watch out for “phishing”. Email that asks for sensitive information about you or your organization – or that points you to a web site that asks for information.
- Be cautious about any email that asks you to do something – such as open an attachment or click on a link to visit an unfamiliar web site.



Malicious Software (cont)

- The attached file could contain a virus or other malicious software, including data-harvesting spyware.
- That web link could take you to a phishing site that looks genuine, but is actually aiming to get information from you in order to commit identity fraud.



- Web access and email content are monitored.
- E-mail and web access are business tools intended for business purposes.
- Refer to the hospital Network Usage Policy for additional information on approved and prohibited uses of network resources.

A Way of Conducting Business & Delivering Services

“What Can I Do?”

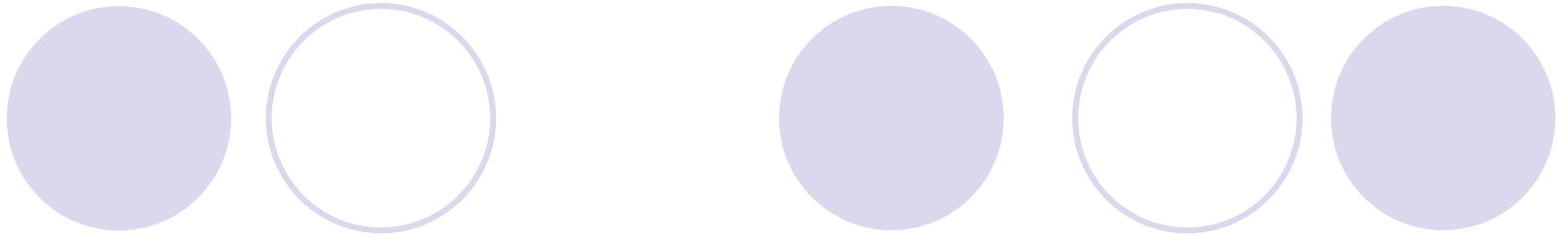
- Every Healthcare worker has the Right & Responsibility to:
 - Contact Instructors and Hospital Resources with Questions and / or Concerns
 - Contact the Compliance officer or Compliance Hot Line to the facility
 - CHW Compliance Hotline 1-800-938-0031
 - KMC Compliance Hotline 326-2665. The county’s number is 1-800-620-6947.



Patient Safety

Prevention of Harm





What is Patient Safety?

- Providing safe patient care.
- Providing a safe environment for patients, families, visitors and staff.
- Reporting errors.



Why is Patient Safety Important?

- Patients expect to receive excellent and safe care.
- It's why we are in business. It's the RIGHT thing to do.
- Regulatory agencies require excellent, safe care to be provided.



National Patient Safety Goals (2010)

**Guide Joint Commission accredited organizations
address specific areas of concern in regards to patient
safety**

National Patient Safety Goals (2010) continued

- **Improve the accuracy of patient identification.**
 - Use at least two patient identifiers when providing care, treatment or services.
 - KMC uses the patient's name and date of birth, policy PCM-IM-100
 - Eliminate transfusion errors related to patient misidentification.

National Patient Safety Goals (2010) continued

- **Improve the effectiveness of communication among caregivers.**
 - For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.
 - Policy PCS-PC-920 outlines this process at KMC
 - Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.
 - 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.
 - Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.



National Patient Safety Goals (2010) continued

- **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.
 - Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.



National Patient Safety Goals (2010) continued

- **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.
 - Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.
 - Implement evidence based practice (EBP) to prevent health care associated infections due to multiple drug-resistant organisms in acute care hospitals.
 - Implement best practices or EBP to prevent central line-associated bloodstream infections.
 - Implement best practices for preventing surgical site infections.

National Patient Safety Goals (2010) continued

- **Accurately and completely reconcile medications across the continuum of care.**
 - There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.
 - Policy PCS-MM-900 outlines the process at KMC
 - A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.
 - In settings where medications are used minimally, or prescribed for a short duration, modified medication reconciliation processes are performed.

National Patient Safety Goals (2010) continued

- **Reduce the risk of patient harm resulting from falls.**
 - Implement a fall reduction program including an evaluation of the effectiveness of the program.
- **Encourage patients' active involvement in their own care as a patient safety strategy.**
 - Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.
- **The organization identifies safety risks inherent in its patient population.**
 - The organization identifies patients at risk for suicide.
 - Policy NRS-PC-1150 outlines the assessment of high risk patients at KMC
- **Improve recognition and response to changes in a patient's condition.**
 - The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening. [Critical Access Hospital, Hospital].

KMC - The Universal Protocol

- Pre-procedure verification
- Mark the site
- Perform a time-out
 - KMC'S process is outlined in policy PCS-PC-815
 - Shalom Sakowski BSN, RN-Coordinator
Office located in room 3319
326-5451
sakowsks@kernmedctr.com
 - Frances Wilson MSN, RNC, OCN-Clinical Nurse Specialist
Office located on 3D
326-2267
wilsonf@kernmedctr.com

What Do I Do, if I Make a Mistake?

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1. Notify your instructor or charge nurse immediately of any error or unsafe conditions.
2. Complete an Event Report Form - you can remain anonymous.
 1. KMC – The unit charge nurse or supervisor will complete and occurrence form.
3. Assist in any investigation and follow up to help determine why the mistake happened and how to prevent this from happening again.

Patient Safety **You Make it
Happen!!!**





Developing Cultural Diversity

“It Starts With Self - Awareness.”



Considering Every Patient's Culture When Giving Care.

- **Culture** – the values, beliefs and practices share by a group -- can affect how a patient views health care. A patient may belong to different ethnic, regional, religious and other groups.
- **Treating every patient as an individual – it's important to consider culture. But it's also important to:**
 - Avoid stereotyping;
 - Consider other factors that may affect care, such as age; and
 - Learn about each patient's unique views on health care.



Why Learn About Cultural Diversity?

Because developing an understanding of cultural diversity benefits everyone. You can:

- **Help patients receive more effective care** – taking patients' cultural views on health into account helps maintain their right to be treated with respect. They also respond better to their care.
- Helps our facility meet or exceed the standards of regulatory agencies.
- **Improve your job performance** – helping patient get the best possible care can also increase your job satisfaction.



Know Your Own Cultural Beliefs and Practices.

Think about how your culture and upbringing affect you. For example, you may have certain ideas about:

- How to show politeness when talking with someone.
- Acceptable ways to express pain.
- How often to seek medical care.
- Appropriate ways to treat children or older people.



There are Many Cultural Factors to be Aware of.

- Country of Origin
- Preferred Language
- Communication Style
- Views on Health
- Family and Community Relationships
- Religion
- Food Preference



Take Time to Learn About Your Patients.

- Ask questions to avoid cultural stereotypes. It's important to have general knowledge about a culture. But it's also important to assess each individual patient because;
 - Difference exist among member of the same cultural group.
 - Cultures change over time.
 - Climate, war, etc., in another country may have affected an immigrant's health.



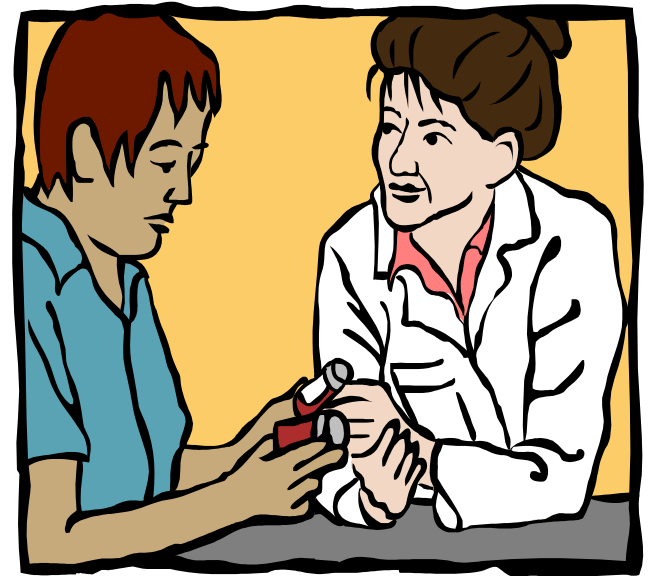
Take the Time to Consider and Learn.

- How a patient prefers to be addressed.
- Understand relationships.
- Consider privacy needs.
- Learn the patient's views about health.

“Work with the patient and others to find the best approach of his or her care.”

Communicate Effectively.

- Listen to how the patient talks about his or her condition.
- Ask for any details you may need to understand better.
- Ask what he or she thinks.
- Ask indirect questions, if needed.
- Look for clues.
- Talk with others who know the patient.
- Ask for the patient's views on treatment.
- Use interpreters effectively.





Consider Other Factors That May Affect Care.

- **Age** — An older patient may assume certain problems are a normal part of aging and not mention them.
- **Gender** — A patient may prefer to receive care from someone of the same sex.
- **Sexual Orientation** — Asking questions that avoid assuming sexual orientation can help put him or her at ease.
- **Socio-Economic Status** — Financial hardship may keep a patient from seeking or following treatment.
- **Presence of a Physical or Mental Disability** — How disabling a certain condition is.

Interpreter Services





INTERPRETER Services

- **To enable Physicians and Hospital staff members to communicate with our hospital patients. For those patients who do not speak sufficient English, or who are hearing impaired; or upon the patient's request, or when a staff member or physician determines that the patient's lack of fluency in English affects the ability to understand or make decisions regarding treatment. Interpreter services will be provided by telephonic means and/or by qualified Sign-Language interpreter.**

THIS IS A POLICY SUMMARY ONLY. REFER TO THE COMPLETE POLICY FOR DETAILS

LANGUAGE (INTERPRETATION) ASSISTIVE SERVICES



ADM-RI-611



EQUIPMENT AVAILABLE FOR TELEPHONE OR VIDEO CONFERENCING:

- Remote interpreter services for the Limited English Proficient:
 - Dual handset and/or headset telephones
 - Speakerphones
 - Telephones equipped with three-way call capability for telephone-based services
 - Video conferencing stations
- Telecommunication devices for the hearing impaired:
 - Text Telephone Device for the Deaf (TDD) available from the Telephone Office
 - Teletype Writer (TTY) available from the Telephone Office
 - Closed-caption television
 - American Sign Language Service available through Healthcare Interpreter Network (HCIN) or Life Signs

DEFINITIONS OF INTERPRETER SERVICES PROVIDED

- ***Basic Interpretation:*** Interpretation of demographic information that does not involve significant healthcare services
 - Regular business hours, call 326-2685 for an in-person qualified basic interpreter. After hours, call the Nurse Staffing Office
 - If an in-person basic interpreter is not available, call the Healthcare Interpreter Network (HCIN) at 326-2009.
 - If an HCIN interpreter is not available, the call will be automatically transferred to the Language Line (KMC Client ID #201307).
- ***Significant Healthcare Services:*** Call 326-2009 all hours of the day or night to acquire a Clinical Healthcare Interpreter. The following activities require a Clinical Healthcare Interpreter:
 - Obtaining informed consent
 - Taking medical histories
 - Providing medication instructions to include high alert medications
 - Explaining discharge plans, to include high alert medications
 - Discussing Advance Directives
 - Discussing end of life decisions
- ***Use of Family Members/Significant Others/Friends/Outside Agency Personnel:*** With patient consent, interpreters from these groups may only be used for *basic interpretation*. Minor children will not be used as interpreters. Law enforcement officers or other inmates will not be used to interpret for correctional patients. If family members/significant others/friends or outside agency personnel are used, hospital staff must do the following:
 - Inform the patient that confidential protected healthcare information may be discussed and obtain the patient's consent using the Authorization for Use and Disclosure of Protected Health Information. If the patient provides verbal consent, this will be documented in the medical record.
 - If significant healthcare services are discussed, hospital staff will provide a qualified clinical interpreter to participate in the encounter and ensure that any interpretation provided is accurate and complete.



PATIENT IDENTIFICATION

- Patients requiring interpreters will be identified at the time of registration or by staff on the unit.
 - CHW uses services provided by Cyra Com International and Life Signs INC for hearing impaired.
 - KMC uses an internal translator list as well as a Translation – Language line and -Life Signs INC for hearing impaired.
 - San Joaquin Hospital uses Telelanguage 1-800-514-9237 (Code # on phone)
 - Interpreters (i.e. family members or friends) will be used only after the patient has been clearly informed of the unavailability of available interpreter services.



An Issue of Respect

Upon completion of this program, you will:

- Understand the wide range of behaviors that may constitute discrimination and harassment;
- Understand who can be a victim;
- Understand that free speech rights don't apply in the work place;
- Understand what constitutes a “tangible employment action”;
- Understand that everyone has a right to work in an environment free from discrimination and harassment; and
- Determine how to appropriately respond during a harassment situation.



An Issue of Respect

Harassment means to trouble, worry or torment someone on a persistent basis. The important phrase here is “on a persistent basis.” Usually a one - time offense is not considered harassment in the eyes of the law.



An Issue of Respect

Types of Harassment:

- Verbal – includes things said, written or inappropriate sounds.
- Physical – includes hitting, pushing, blocking someone's way, inappropriate touching.
- Visual – includes calendars, pictures, and any inappropriate object that can be clearly seen.



An Issue of Respect

There are two main types of sexual harassment:

- **Quid Pro Quo** — occurs when employment decisions such as hiring, promotions, salary increases, work assignments or performance evaluations are based on an employee's willingness to grant or deny sexual favors.
- **Hostile Work Environment** — occurs when verbal, physical, or visual behavior in the workplace:
 - Focuses on the sexuality of another person or occurs because of the person's gender;
 - Is unwanted or unwelcome; and
 - Is severe or pervasive enough to affect the person's work environment.

A decorative header consisting of six circles in a horizontal row. The first two circles are on the left, with the first being solid light purple and the second being a light purple outline. The next three circles are on the right, with the first and third being solid light purple and the second being a light purple outline.

An Issue of Respect

Discrimination occurs when a person or group of people are treated differently from another person or group of people.

A decorative header consisting of six circles in a horizontal row. The first circle is solid light purple. The second circle is a light purple outline. The third circle is solid light purple. The fourth circle is a light purple outline. The fifth circle is solid light purple. The sixth circle is solid light purple.

An Issue of Respect

Discriminatory harassment is harassing and/or discriminating behavior that is severe or pervasive enough to create a hostile working environment and/or results in a tangible employment action.



An Issue of Respect

Title VII of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, sex, religion, national origin, color, pregnancy, etc.:

- Race
- Religion
- Sex
- National Origin
- Age
- Disability (Including obesity)
- Military Membership or Veteran Status
- Sexual Orientation
- Marital Status
- Transsexual or Cross-Dressing
- Political Affiliation
- Criminal Record
- Prior Psychiatric Treatment
- Occupation
- Citizenship Status
- Personal Appearance
- Education
- Tobacco Use Outside of Work
- Receipt of Public Assistance
- Dishonorable Discharge from the Military



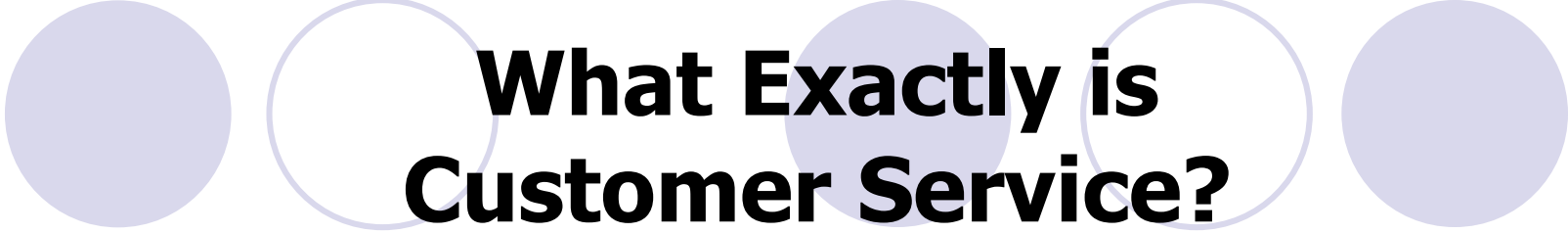
An Issue of Respect

Now that we have completed this program, you should:

- Understand the wide range of behaviors that may constitute discrimination and harassment;
- Understand who can be the victim;
- Understand that free speech rights don't apply in the workplace;
- Understand what constitutes a “tangible employment action”;
and
- Understand that everyone has a right to work in environment free from discrimination and harassment.

Customer Service & Patient Satisfaction

Customer Service and Patient Satisfaction are an important part of your job. Make it a priority.



What Exactly is Customer Service?

- **Technical Aspects of Care Provided:**
 - How diagnostic procedures are performed.
 - Examples: a broken bone healed properly, the patient recovered from illness, blood flow was restored, etc.
- **Customer Service:**
 - How long they had to wait.
 - How noisy it was.
 - How comfortable they were.
 - Whether or not they were treated with courtesy and respect.



Patient Satisfaction Depends on Customer Service...

- **Patients want and expect to receive good customer service, as well as high-quality healthcare care. In today's competitive health-care marketplace, the two go hand-in-hand to determine patient satisfaction and how well you meet your customers' needs and expectations.**

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Some Tips for Effective Telephone Use...

When Answering Calls:

- **Answer promptly and politely.**
- **Take careful notes and messages.**
- **Put people on hold or transfer calls only if you can't avoid it.**
- **Be pleasant and professional.**
- **Always end on a positive note.**



Put Contacts with Patients to Work...

- **Remember, every patient contact is an opportunity to provide good customer service and to find out how we are doing.**
- **Ask at every opportunity.**
- **Take complaints seriously.**
- **Report problems promptly.**

If You Mess Up - Confess Up.



GUIDELINES FOR PROFESSIONAL APPEARANCE

CSUB nursing students represent the University and the Department of Nursing when interacting with patients, their families, staff, and others in the health care environment. The way students dress demonstrates respect for the University they represent and for the patients and families they serve. Students purchase and wear the uniform of the Department throughout their clinical experience, unless the clinical instructor advises otherwise. While wearing the CSUB uniform, students are clearly recognized at the University and by the clinical agencies accommodating student experience. Professional attitudes and clothing reflect the same respectful behavior and professional attitudes even when the CSUB uniform is not required in the clinical area.

Personal Appearance

- **Hair:** Hair is neatly maintained, clean and kept off the collar. Hair is pulled back to prevent it from falling forward over the face while performing routine nursing duties. Any extreme look or color is not permitted. Plain barrettes or combs are allowed. Men may choose a neatly trimmed mustache or beard. Facial hair is maintained in short style to insure adequate seal for respiratory isolation masks/particulate respirators. No handle bar style mustaches or long beards are acceptable.
- **Makeup:** Makeup is fresh and natural. Extremes in color, glitter, or amount are not acceptable.
- **Nails:** No acrylic nails, extenders, polish or long nails are permitted. Hands and nails are clean and free of any stains.
- **Perfume:** Close contact with patients and staff requires students not wear fragrance/perfume or after shave.

Personal Appearance (continued)

- **Sunglasses:** Sunglasses may be perceived as blocking interpersonal communication. Do not wear them indoors, however, polarized glasses that tint light gray in bright light are acceptable.
- **Hygiene:** Personal hygiene must be of high standards. Absence of body, mouth and clothes odor is necessary. Do not chew gum or smokeless tobacco while in clinical areas. Students may smoke only in the designated areas during assigned meal or break time.

Personal Appearance (cont)

- **Jewelry:** The following jewelry is allowed: a) One small post earring (with no dangles) in each ear; b) One small ring; c) Small necklaces and neck chains inside the uniform; d) ankle chains that are not visible or audible; and e) small wrist watches with second hands. No other jewelry and/or visible body piercing is allowed in the clinical area. (Please don't assume because the pierced ornament is in your tongue that it is invisible. It is not acceptable professional dress).
- **Tattoos:** No visible tattoos are permitted. Cover any tattoos that may be visible.





Uniform

- The uniform top is light blue and includes the monogrammed CSUB Department of Nursing logo (with optional first name).
- This uniform's pants are regulation type of opaque white or light blue (the same color and fabric as the traditional top and lab jacket) with straight leg pants (men or women), or knee to mid-calf length skirts or culottes (women only). Women students must wear pantyhose with skirts. Only a regulation blue CSUB lab coat with the CSUB monogrammed Department of Nursing logo with optional student first name may be worn over the uniform. Appropriate undergarments must be worn and must be covered by the uniform. Students may opt to wear a white T-shirt under the uniform if desired.



Uniform (cont)

- Casual attire, such as shorts, jeans, thongs, or short midriff tops are not permissible in the clinical setting at any time. Faculty may have additional requirements for specific clinical areas. Please clear any exceptions to these items with your clinical faculty.
- Students in Level III courses are assigned to community experiences are required to wear self purchased straight leg khaki colored slacks/pants (men or women) or knee to mid-calf skirt (women only) with the specifically selected CSUB nursing dark blue polo shirt ordered through the Department of Nursing or other appointed vendor.



Uniform (cont)

- **Exceptions:** Requests for exceptions must be submitted to the faculty and/or agency in writing before the day of the clinical experience.
- The guidelines, established by CSUB students and faculty, will be enforced for all students in the Nursing program. Any student failing to comply will be asked to leave the clinical area and may not return until modifications are made. This action will result in an unexcused absence for the day. Any desired deviation from this code must be presented to the Faculty for their consideration. Students should be aware that additional dress restrictions and infection control policies might be required in specific departments of agencies or hospitals.

Simulation & Skills Lab

Dress Code

- These rules are designed to promote safe and efficient use of the skills/simulation laboratory. The laboratory setting is intended to simulate the agency environment. The equipment in the skills/simulation lab is quite expensive and must be treated with respect. It is expected that behavior in the laboratory will reflect an understanding of proper behavior in the clinical setting. The following rules apply to individuals or groups using the skills laboratory:
 - 1. Food and drink are NOT allowed in the skills/simulation laboratory.
 - 2. Students must wear their CSUB identification badge, lab coat over appropriate street clothes/shoes.
Uniforms are to be worn during assigned clinical simulation time.

Simulation & Skills Lab

Dress Code

- 3. Students are not allowed in the skills/simulation laboratory without faculty supervision, unless given express consent by the Skills Lab Coordinator.
- 4. Replace chairs, bedside tables, mannequins, and beds and privacy curtains to their proper location.
- 5. Faculty must supervise the use of equipment in the locked cabinets. Students may use their own laboratory equipment on scheduled lab day and by pre-arrangement with faculty. All equipment must be returned to the area designated by the Skills Laboratory Coordinator at the end of each laboratory session. Faculty will supervise the return of equipment and ensure the laboratory are locked after use.
- 6. The simulation equipment (mannequins, models) requires gentle handling and students must be supervised by a faculty member. The Computerized Patient Simulators are to be handled by trained faculty ONLY.

Simulation & Skills Lab

Dress Code

- 7. **Sitting or lying on the beds is prohibited, except for specified simulation laboratory experiences. Never wear shoes while in or on the beds. The beds are not intended for naps-- if you are ill, go to the Student Health Center.**
- 8. **Report any safety or equipment problems to the faculty, Skills Lab Coordinator or the nursing office.**
- 9. **Simulation exercises demand the same privacy as would be accorded a patient in the Agency.**
- 10. **Trash and used disposable equipment should be placed in the proper containers before you leave. Contaminated equipment should be disposed of following specific policies.**
- 11. **Skills Laboratory equipment and supplies are for use only for clinical lab course work.**
- 12. **Syringes and needles can only be used in the skills laboratory or lecture room when faculty are available to supervise. Syringes and needles cannot be signed out or taken out of the nursing building by students. The supervising faculty are responsible for the correct disposal of used syringes and needles.**

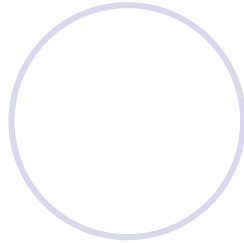
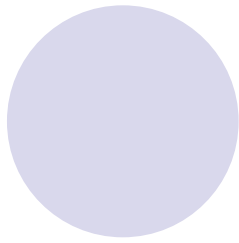
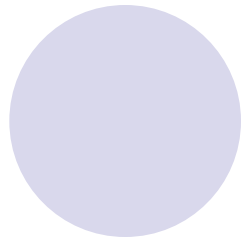
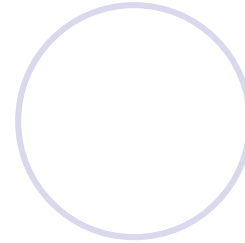
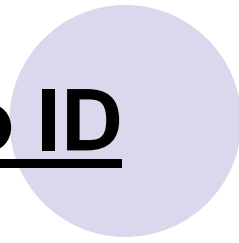


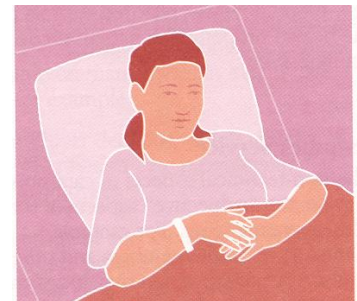
Photo ID



- Photo identification badges are considered part of the uniform and identify the wearer as a California State University, Bakersfield student nurse. The photo identification badge must be attached to clothing above the waist and visible at all times and may not be attached to a lanyard.
- Replacement photo ID badges are requested in the Nursing Department office and a fee is assessed.
- Photo ID badges must be returned to the Nursing Department office upon completion or termination of the program.

Patient Satisfaction

- Common selections for patient satisfaction surveys
 - **Pre-Admission Satisfaction**
 - **Physician Satisfaction (*Did you see your Doctor?*)**
 - **Clinical Care (*How you were treated?*)**
 - **Environment (*Cleanliness?*)**
 - **Discharge**



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Final Thought: When Things Go Wrong – Help Make Them Right!

- You can help turn **Disappointment** into **Satisfaction**. First, remember to acknowledge the customer's complaint or concerns. Then take action!
- **Make amends.** A simple apology goes a long way toward showing our sincerity and concern.
- **Invite the customer to help solve problems.**



WORKPLACE VIOLENCE

**Occupational Hazards
in Hospitals**



Introduction

- Today more than 5 million U.S. hospital workers from many occupations perform a wide variety of duties.
- They are exposed to many safety and health hazards, including violence.
- We have identified the hospitals' High Risk Departments.

Continued ...



- According to estimates from the Bureau of Labor Statistics, 2,637 nonfatal assaults on hospital workers occurred in 2000 – a rate of 8.3 assaults per 10,000 workers. This rate is much higher than the rate of nonfatal assaults for all private-sector industries, which is 2 per 10,000 workers.



Who is at Risk?

- Although anyone working in a hospital may become a victim of violence, nurses and healthcare providers who have the most direct contact with patients are at higher risk (i.e. ER, ICU). Other hospital personnel at increased risk of violence include emergency response personnel, hospital safety officers and all health care providers and volunteers.

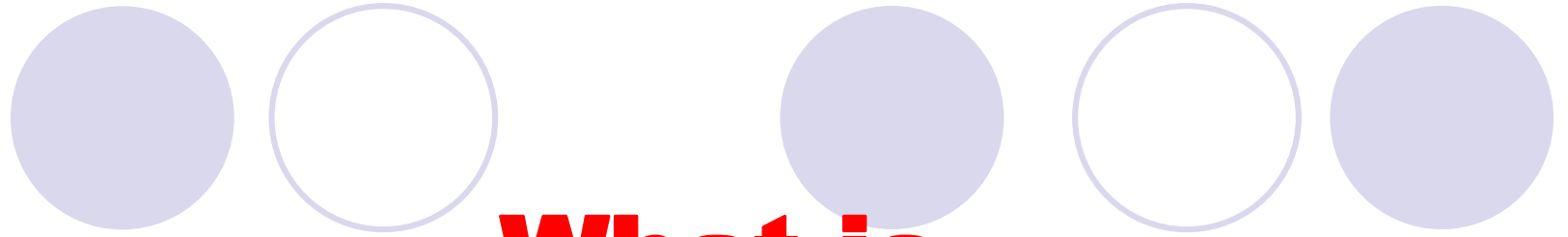
Violence Awareness Education



- **California Health & Safety Code 1257.7 & 1257.8** requires that hospital employee regularly assigned to the ED and other high risk areas receive this training.



- Know general safety measures.
- Know personal safety measures.
- Understand the assault cycle.
- Know aggression and violence predicting factors.
- How to obtain patient history from patient with violent behavior.
- Characteristics of aggressive and violent patients and victims.
- Strategies to avoid physical harm.
- Restraining techniques.
- Resources available to employees for coping with incident of violence.



What is Workplace Violence?



What is Workplace Violence?

- Workplace violence ranges from offensive or threatening language to homicide (including physical assaults and threats of assaults) directed toward persons at work or on duty.
- Statistics.





Why do People Commit Violence?

- **Stress and frustration** — For example, long waiting times or not knowing about a patient's condition can cause agitation.
- **Revenge** — For example, patients and / or their loved ones may blame a health-care provider for an unwanted outcome. An employee may seek revenge for not getting a desired promotion or raise.
- **Personal problems** — For example, a visitor may respond to grief by lashing out at an employee. An employee with a substance abuse problem may use threats to pressure a co-worker not to turn him or her in.

Continued ...

- **Fear or confusion** — For example, a patient with a head injury may not remember how he or she arrived at the facility and blame staff. A visitor may respond to fear by lashing out at those trying to help.
- **Being separated from family** — For example, a patient may get upset if he or she can't be with a loved one at all times.
- **A drug reaction** — For example, a patient may become confused or disoriented and lash out at someone without knowing it.



Examples of Violence

- Threats
- Physical assaults
- Muggings

Examples of Violence

- **Threats:** Expression of intent to cause harm, including verbal threats, threatening body language, and written threats.
- **Physical assaults:** Attacks ranging from slapping and beating to rape, homicide, and the use of weapons such as firearms, bombs, or knives.
- **Muggings:** Aggravated assaults, usually conducted by surprise and with intent to rob.

Where may Violence Occur?

- Violence may occur anywhere in the hospital, but it is most frequent in the following areas.



Where may Violence Occur?

- Violence may occur anywhere in the hospital, but it is most frequent in the following areas:
 - Psychiatric wards
 - Emergency rooms
 - Waiting rooms
 - Geriatric units
 - Areas that may contain cash



What are the Effects of Violence?

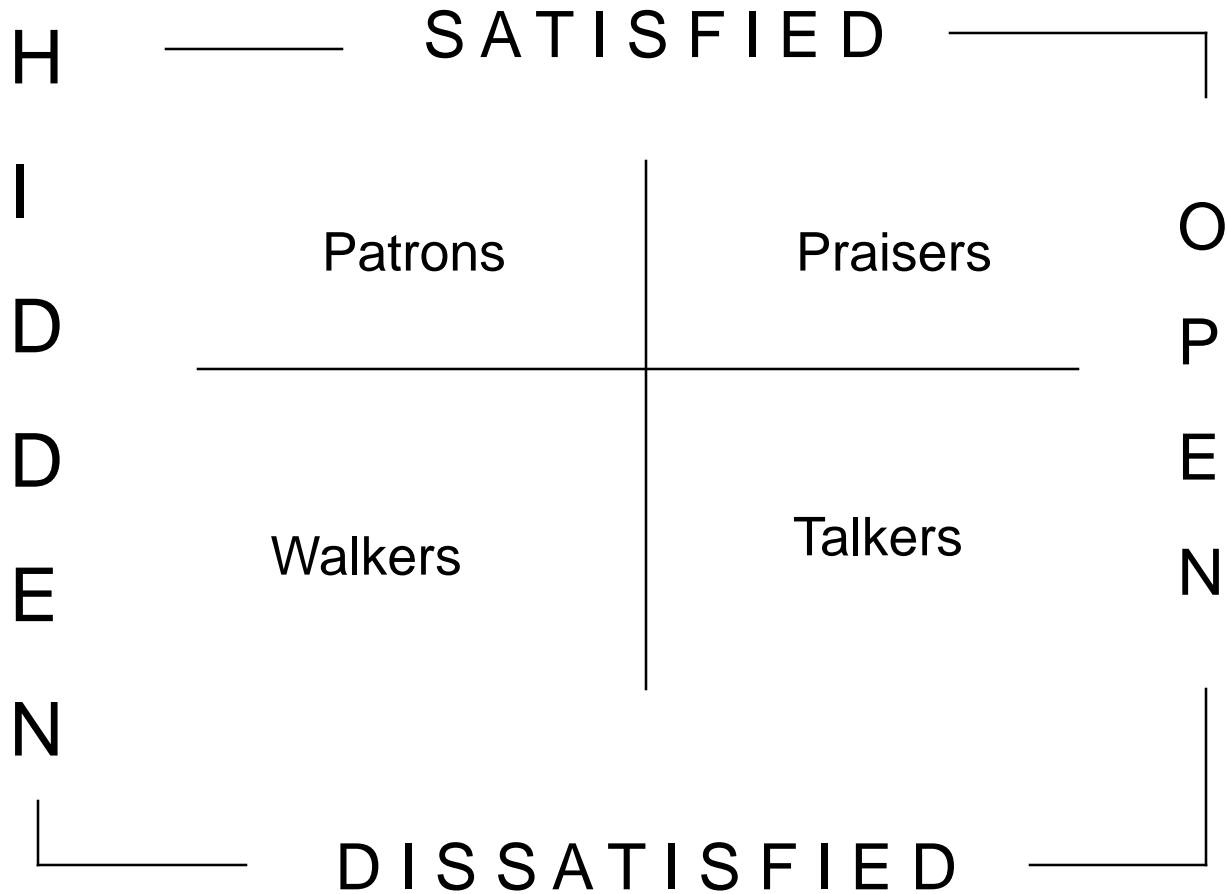
- The effects of violence can range in intensity and include the following:
 - Minor physical injuries.
 - Serious physical injuries.
 - Temporary and permanent physical disability.
 - Psychological trauma.
 - Even death.



Some other Effects of Violence?

- Violence may also have negative organizational outcomes such as lower worker morale, increased job stress, increased worker turnover, reduced trust of management and coworkers, and a hostile working environment.

What Makes a Satisfied Customer?



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).



Take the Heat

H Hear them out

E Empathize

A Apologize

T Take responsibility for action

What are the Risk Factors of Violence?

- The risk factors for violence vary from hospital to hospital depending on location, size, and type of care. Common risk factors for hospital violence include the following:
 - Working directly with volatile people, especially if they are under the influence of drugs, alcohol or have a history of violence or certain psychotic diagnoses.

Continued ...

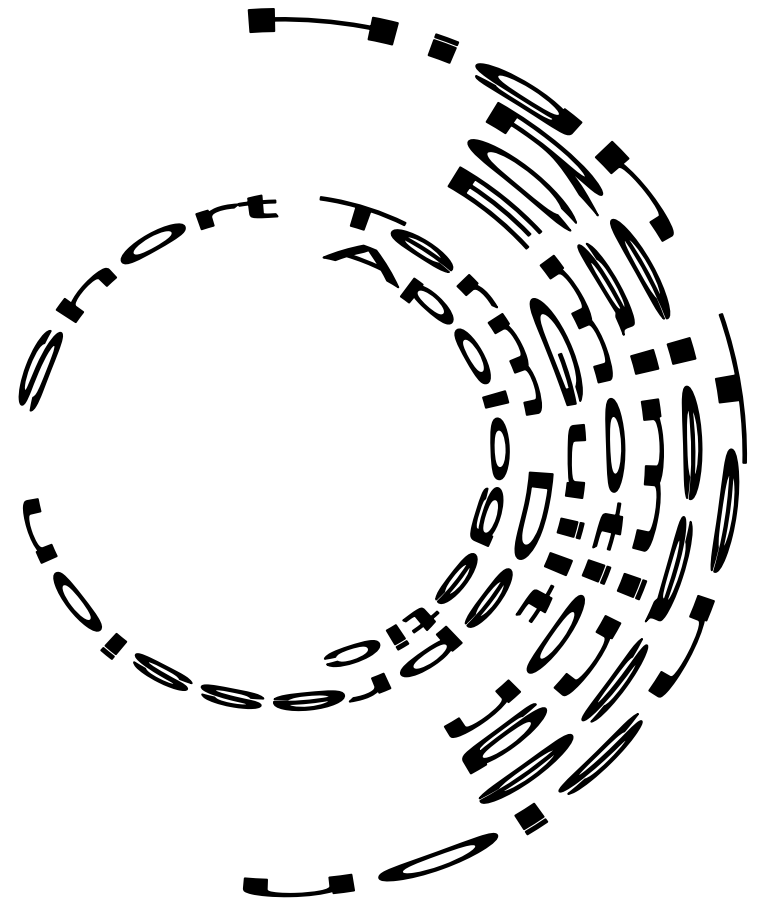
- Working when understaffed - especially during meal times and visiting hours.
- Transporting patients.
- Long waits for service.
- Overcrowded, uncomfortable waiting rooms.
- Working alone.
- Poor environmental design.
- Inadequate security.
- Lack of staff training and policies for preventing and managing crises with potentially volatile patients.
- Drug and alcohol abuse.
- Access to firearms.
- Unrestricted movement of the public.
- Poorly lit corridors, rooms, parking lots, and other areas.

Case Reports: Prevention Strategies That Have Worked

- A security screening system in a Detroit hospital included stationary metal detectors supplemented by hand-held units. The system prevented the entry of 33 handguns, 1,324 knives, and 97 mace-type sprays during a 6-month period.
- A violence reporting program in the Portland, Oregon, VA Medical Center identified patients with a history of violence in a computerized database. The program helped reduce the number of all violent attacks by 91.6% by alerting staff to take additional safety measures when serving these patients.

Know the Aggression Cycle

- High Tension
- Release
- Calming
- Emotion
- Guilt
- Short Term Depression
- Apologetic
- Normal
- Frustration
- Stress





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 – Code Silver (BHH, BMH, KMC, Adventist, Mercy).



- 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 and the door.

Check your Work Area

- **Potential weapons:**

- Are sharps(needles, scissors, scalpels, etc.) safely stored and locked up?
- Are heavy objects (paperweights, tools, etc.) secure or out of sight?

- **Limited access areas:**

- Are they locked properly at all times.
- Do staff wear ID badges that can be clearly seen at all times?

Continued ...

● Lighting:

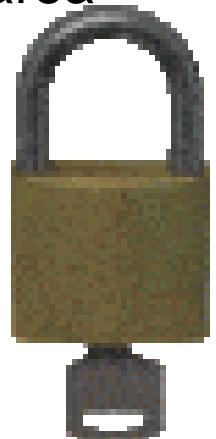
- Are high-risk areas (parking lots, stairwells, etc.) kept well lit?
- Is lighting adequate in all areas of your workplace (including parking lots)?

● Alarms and security:

- Are security alarms (including panic buttons) within easy reach?
- Are security numbers clearly posted by all phones?
- Is the security department located in a highly visible area that is easy for staff and visitors to get to?

● Exits:

- Are exits clearly marked?
- Are escape routes kept clear?



If Violence Strikes - Know How to Respond Quickly

- Protect yourself first.
- Sound the alarm or warning code.
 - Panic Buttons
 - Code **Green** (BHH, Mercy)
 - Code **Gray** (KMC, Adventist, BMH)
 - Code **Silver** (BHH, Adventist, KMC, BMH, Mercy)
 - EMS 911
- Give the person what he or she wants, if you can.
- Do not try to take away the person's weapon.
- Only use restraints as a last resort.

When it's Time to Call for help

You are unable to defuse the situation.

- The situation becomes more hostile.
- Threats are being made.
- Weapons are seen.



Summary



- All hospital workers should be alert and cautious when interacting with patients and visitors. They should actively participate in safety training programs and be familiar with their employers' policies, procedures and materials on violence prevention.

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
DEPARTMENT OF NURSING
Annual Safety Requirements

Date Completed

- | | |
|---|---|
| <input type="checkbox"/> Universal Precautions _____ | <input type="checkbox"/> Patient Safety _____ |
| <input type="checkbox"/> Blood borne Pathogens _____ | <input type="checkbox"/> Injury Reporting/ Accident Report _____ |
| <input type="checkbox"/> Fire/Oxygen/Electrical Safety _____ | <input type="checkbox"/> Workplace Violence _____ |
| <input type="checkbox"/> HIPAA Regulations _____ | <input type="checkbox"/> Disaster Response _____ |
| <input type="checkbox"/> Hospital Emergency Codes _____ | <input type="checkbox"/> Cultural Diversity _____ |
| <input type="checkbox"/> Customer Service & Patient Satisfaction _____ | <input type="checkbox"/> Back Safety/ Ergonomics _____ |
| <input type="checkbox"/> Hazard Communication _____ | |

I have participated in the annual safety requirement education program (CSUB Local Healthcare Facility Orientation) and understand my responsibility in the above areas. I also understand it is my responsibility to read the Undergraduate Student Policy Handbook and be aware of any changes or updates to the handbook.

Student Signature _____ Date _____

Print Name: _____

Please return form to Department of Nursing when all areas are completed. This form is due prior to the first day of class. **Make a copy for yourself.** You may be required to provide this copy when you are in a new clinical facility.