



Annual Education Guide

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CHAPTER ONE: Overview

1. MISSION

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

1. VISION

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

2. VALUES

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

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

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

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

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

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

3. LEADERSHIP

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

CHAPTER TWO: Medical Center Plans, Programs, and Initiatives

1. PLANS

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

a) Information Management Plan

The goals of information management are to:

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

All employees who access patient data must sign confidentiality statements. To assure security of computerized information, individual passwords are required for all employees who use a computer.

b) Performance Improvement Plan

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

- **F**ind a Process to Improve
- **O**rganize a Team that Knows the Process
- **C**larify Current Knowledge of the Process
- **U**nderstand the Source of Improvement
- **S**elect the Improvement Process

- **P**lan the Improvement
- **D**o Improvement, Collect Data, and Analyze it
- **C**heck and Study the Results
- **A**ct to Hold the Gain and to Continue to Improve the Process

c) Institutional Plan for the Provision of Patient Care

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

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

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

2. PROGRAMS AND INITIATIVES

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

a) Leadership

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

b) Communication

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

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

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

c) Patient Satisfaction Measurement and Improvement

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

d) Staff Incentive Award Program

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

e) Patient and Family Education

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

CHAPTER THREE: Key Santa Monica-UCLA Medical Center and Orthopaedic Hospital Policies

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

1. SEXUAL HARASSMENT

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

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

- A. Submission to such conduct is made either explicitly or implicitly a term or condition of instruction, employment, or participation in other work activity;
- B. Submission to or rejection of such conduct by an individual is used as a basis for evaluation in making academic or personnel decision affecting an individual; or

- C. Such conduct has the purpose or effect of unreasonably interfering with an individual's performance or creating an intimidating, hostile, or offensive work environment.

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

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

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

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

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

2. PATIENT RIGHTS

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

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

3. CODE OF ETHICS

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

- **Respect** - We treat all patients, visitors, faculty and staff with respect and courtesy.
- **Honesty** - We are truthful in how we represent our capabilities and ourselves.
- **Integrity** - We make decisions and take action based only on the best interest of the patient and of the organization.
- **Compassion** - We are committed to providing compassionate care.
- **Fairness** - We provide a consistent standard of care that is coordinated across the continuum of care.

- **Innovation** - We support innovation by our participation in the advancement of medical knowledge through research and education to improve patient care.
- **Stewardship** – We seek to use all our resources effectively and efficiently.

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

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

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

4. PATIENT CONFIDENTIALITY

Every patient has a right to confidentiality. It is the responsibility of the employee to protect that right by keeping information about patients' health care private. The Code of Conduct Standard and Federal and State laws require confidentiality. Failure to comply may lead to disciplinary or legal action against the employee and the Medical Center. Confidential information includes, but is not limited to:

- Details about illnesses and/or conditions.
- Information about treatments.
- Health-care provider's notes about the patient.
- Conversations between a patient and a healthcare provider.

Only specific Medical Center personnel are authorized to release this information. General patient information, such as the patient's name and overall condition (i.e., fair, serious) is not considered confidential. A patient, however, can request this information not be released.

Guidelines for Protecting Patient Confidentiality

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

- Protect all records. Keep patient information covered; do not leave information displayed on a computer screen. **ONLY** authorized personnel may review medical records.
- Do not talk about patients in public areas where others, including patients, visitors or other employees might overhear (such as cafeteria and elevators).
- Use care with telephones, fax machines and e-mails.
- Protect your computer passwords and **NEVER** share them.

All employees, volunteers, and healthcare providers are required to complete HIPAA Workforce Training online at <http://www.mednet.ucla.edu/hipaa/>.

5. ADVANCE DIRECTIVES

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

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

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

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

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

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

6. PAIN MANAGEMENT

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

a. Making Pain Visible

The Agency for Health Care Policy & Research (AHCPR) developed practice guidelines to address pain and pain management. These guidelines were designed to help clinicians,

patients and families understand the assessment and treatment of pain in both adults and children. These guidelines emphasize the following:

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

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

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

7. STAFF RIGHTS

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

8. ABUSE RECOGNITION AND REPORTING

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

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

Physical Findings:

- Recurrent history of trauma
- Injury to head, neck, torso, breasts, abdomen or genitals
- Bilateral or multiple injuries
- Injuries that are inconsistent with the explanation given
- Delay in seeking treatment after the occurrence of the injury or abdomen
- Chronic pain for which no etiology is present
- Evidence of inadequate or inappropriate administration of medication

- Dehydration/malnutrition without illness-related cause

Behavioral Indicators from the Patient:

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

Indicators from the Family/Caregiver:

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

Indicators of Possible Financial Abuse:

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

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

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

9. RESEARCH INVOLVING MEDICAL CENTER PATIENTS

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

In addition, researchers **must** have training and certification in research, otherwise the Institutional Review Board (IRB) that meets under the auspices of the OPRS will not review a research application. Employees can become certified by completing an on-line course at www.training.ucla.edu. Participants will then be able to print out a certificate of completion. The National Institute of Health (NIH) requires this. Information regarding what is needed to do a study is provided via UCLA's Home Page, www.ucla.edu. Go to "search" and type in "clinical trials."

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

10. FORENSIC STAFF ORIENTATION AND EDUCATION

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

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

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

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

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

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

11. DRUG FREE WORKPLACE

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

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

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

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

CHAPTER FOUR: AGE SPECIFIC GUIDELINES FOR PATIENT CARE

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

1. NEONATES UP TO 1 MONTH

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

2. INFANTS OVER 1 MONTH TO 1 YEAR

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

3. PEDIATRICS OVER 1 YEAR TO 12 YEARS

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

4. ADOLESCENTS OVER 12 YEARS TO 18 YEARS

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

5. ADULTS OVER 18 YEARS TO 65 YEARS

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

6. GERIATRIC OVER 65 YEARS AND UP

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

CHAPTER FIVE: ENVIRONMENT OF CARE

The purpose of the Medical Center's Environment of Care Program is to provide for the health and safety of patients, staff and visitors and to ensure that operations do not have an adverse impact on the environment. The program also provides for the appropriate response to emergency and disaster situations to enable the Medical Center to continue to serve the community.

The seven elements of the Environment of Care are:

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

1. SAFETY

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

General Safety Rules

- Use good body mechanics at all times.
- Keep hallways and corridors clear.
- Know your Medical Center and department-specific Fire, Disaster, Hazardous and Biohazardous Materials safety plans.
- Report to your supervisor any unsafe conditions, including hazardous spills, defective or broken equipment.

Injury and Illness Prevention Program

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

- **Employee Reporting of Unsafe Conditions** – Employees are responsible for immediately reporting any unsafe condition or potential hazard to their supervisors. Supervisors are expected to evaluate the concerns and implement corrective actions or direct the problem to the Safety Officer.
- **Incident Reporting and Investigation** – Patient and visitor related incidents should be reported on the “Confidential Report of Incident/Occurrence” form. The Risk Management Department conducts an investigation, evaluation and follow-up of incidents.
- **Work-Related Illnesses and Injuries** – All employees who contract an illness or receive an injury on the job should report the incident to their supervisors immediately, document the incident and be referred to the Employee Health Nurse during normal work hours or the Emergency Department during off hours. For employees who receive a needle stick, follow these procedures:
 1. Go to the Emergency Department within 2 hours of exposure
 2. Notify supervisor or house supervisor to obtain injury report and *State of California for Workers Compensation Benefits Form*
 3. Obtain source patient labs
- **Formal Rounds and Surveillance** – Hazard surveillance rounds are conducted twice yearly in patient care areas and annually in non-patient areas. The Infection Control Nurse maintains a surveillance program for hospital-acquired infections.
- **Illness Prevention** – The Infection Control Nurse conducts illness prevention activities such as tuberculosis exposure control and follow-up of needle stick injuries.
- **Police Reporting** – Certain incidents involving injury or death, e.g., abuse, neglect or assault, shall be immediately reported to the University of California Police Department (UCPD). Contact Security to report.
- **Hazardous/Defective Products Management** – The Manager, Supply Processing Department (CENTRAL SERVICES) is responsible for coordinating the reporting, documentation and distribution of information regarding hazardous or defective products within the Medical Center with the exclusion of Drug Recalls. Drug recalls are managed by the Pharmacy Department.
- **Workers’ Compensation Program** – When an injury or illness results from work or working conditions, the Workers’ Compensation Program provides assistance for the worker’s prompt recovery and return to work.
- **Workplace Safety Training** – Information regarding workplace safety is presented at orientation and through annual training. Various manuals and publications are available to all employees. Department specific Back Safety Training and Ergonomics Training is available through the Safety Office x53389.

2. SECURITY

Personal security for oneself and one’s work environment is influenced by knowledge of surroundings and available resources.

General Considerations

- All employees, staff and physicians are required to wear a hospital-issued picture identification badge at all times while in the Santa Monica-UCLA Medical Center and Orthopaedic Hospital.

- Call the Security Department to report all crimes in progress or security incidents requiring police involvement. Security will immediately contact the UCPD Dispatch Center to report.
- Dial "74#" to contact Security in an emergency situation.
- Suspicious activity is to be reported to Security at **x93157** or dial "0" for the Operator for assistance in contacting Security by radio.
- There is safety in numbers; walk with groups of people.
- Intimidation, harassment, assaults and battery in the workplace is in direct violation of Medical Center policy and State law and must be reported to your supervisor immediately.
- Incidents to be reported include Alleged Assault and/or Battery Against Health Care Workers (report form by same name), crimes in progress or incidents of crime after the fact.
- During established hours, building access is monitored to verify authorization to enter.
- Police and Security respond to alarms initiated by unauthorized persons to sensitive areas, duress alarms located at various areas, and staff assistance requests throughout the facility.

3. HAZARDOUS MATERIALS AND WASTE MANAGEMENT

Under the OSHA Hazard Communication Standard, you have a "**right to know**" about the chemical hazards in your workplace. The goal is to increase awareness of potential hazards in an effort to reduce the incidence of occupational illness and injury. Employees must be provided with the following information:

- A written version of the hospital's Hazard Communication Program located in the OSHA Guideline Manual (Yellow/Black Strip) distributed to each department.
- Access to exposure records through Employee Health.
- Material Safety Data Sheet (MSDS) distributed by the manufacturer for each product at the time of purchase. The MSDS provides specific chemical information and control measures for hazardous chemicals.

a) MSDS: Material Safety Data Sheet

The MSDS provides specific chemical information and control measures for hazardous chemicals. The information includes physical hazards, possible health hazards, precautions for safe handling, use, disposal, and emergency and first-aid procedures to follow if an accident occurs. Each department maintains a copy of the MSDS for any products used in their department, and a master list is located in the emergency Department.

b) Labeling

All containers that hold a hazardous material or hazardous waste must always be properly labeled. The hospital is required to establish and ensure a consistent method of labeling containers holding hazardous chemicals. If you are in doubt about any aspect of the information provided on the label attached to the container, ask your supervisor for clarification. **Do not** deface or remove labels.

REMEMBER: BEFORE you handle, move or open any chemical container, read the label and follow the instructions.

c) Training

Generic portions of training will be covered in new employee general orientation and in the annual safety-retraining program. Department specific training will be conducted in

certain departments where hazardous materials are used, such as the Laboratory and Hospitality Services, and whenever a new hazardous chemical is introduced into the work area.

REMEMBER - when starting a new job, or transferring to a new area, make sure to:

- Identify chemical used in your area
- Respect all precautions; don't take chances
- Ask your supervisor for guidance with proper safety protocol when in doubt
- Know how and where to get help
- Know where your Material Safety Data Sheets are located

d) Hazardous Materials Spill or Leak

SM-UCLA Medical Center has established a protocol to follow to report a spill and/or leak of any known or unknown substance that may present a hazard to the health and safety of any employee, visitor, and patient or to the environment.

Minor Incident: A situation where there is no present or anticipated danger to any personnel, patient or visitor.

- If the spill is **minor**, contact Central Services to request the HAZMAT/Spills cart.
- The manager is to be notified immediately and will participate in the clean up process.
- If a spill occurs, the area is to be cordoned off, and the person using the chemical will coordinate the clean up. The Manager is to be notified immediately and will participate in the clean-up process.
- NOTE: If spill involves chemotherapeutic agents, cordon off area, and follow established spill procedures as described in department specific guidelines, e.g. Oncology, Pharmacy, etc.

Major Incident: A situation that poses a threat to personnel, patient or visitor. Any incident involving an unknown source of leakage is regarded as a major incident.

- If spill/release is **major**, follow **S.P.I.L.:**
- **Secure** area, safety first
- **Protect** persons; Evacuate the immediate area
- **Inform** Operator by dialing 74#, page Code Orange
- **Leave** clean-up to persons familiar with the chemical
- An Event Report is completed and sent to Risk Management.
- Waste is to be disposed of in accordance with the established guidelines. See OSHA Guideline Manual.

Selection, Storage and Disposal of Chemicals

- Select correct chemical for the job.
- If a less hazardous chemical can be used without compromising the outcome or affecting the equipment, substitute wherever possible.
- Flammable chemicals should be stored away from sources of heat and ignition.
- Separate incompatible chemicals (see MSDS Sheet).
- Store chemicals in a designated "chemical storage area", away from other equipment and storage

- Transfer chemicals only to containers that are properly labeled.
- Follow expiration date guidelines.
- Dispose of hazardous waste according to written guidelines.

e) Radiological Safety

- During radiation exposure, all personnel should stand at least 6 feet away from the radiation source, and behind lead shielding if possible. Personnel should leave the room whenever possible if there is no risk to the patient in their absence.
- Lead shielding will be provided to personnel who cannot leave the room or cannot stand approximately six feet away from the radiation source.
- Personnel, even when protected by leaded aprons, leaded shields, and thyroid shields, should position themselves behind or to the side of and as far away as possible from the radiation source.
- Personnel wearing leaded aprons should face radiation source.
- Pregnant personnel should not be in the room during exposure.
- The three critical radiation concepts to remember to protect yourself when working around or with radiation/radioactive materials:
 - Time exposed
 - Shielding
 - Distance

For more information, contact the Safety Officer at 9-4338.

4. EMERGENCY MANAGEMENT

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

HEICS

Santa Monica-UCLA Medical Center and Orthopaedic Hospital utilizes the Hospital Emergency Incident command System (HEICS) for the management of emergencies or disasters within the organization and for responding to events within the surrounding communities. HEICS provides a responsibility oriented chain of command and prioritization of duties with the use of Job Action Sheets along with the flexibility needed to ensure an effective and efficient response to a variety of emergencies and disasters. The Incident Commander is responsible for implementing HEICS. The Administrator-on-Call or Nursing Supervisor-on-Duty may assume this role in the absence of the Chief Operating Officer.

Department Plans

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

Emergency and Disaster Response Procedures

Disaster Authorization and Responsibility

Activation and termination shall be by the direction of the highest-ranking administrative officer on duty. Procedures can be found in the Environment of Care Program Manual.

Overhead Emergency Pages

Emergency pages are used to alert staff to potential emergency situations and to summon staff that is responsible for responding to specific emergency situations. You may hear the following emergency pages while you are working:

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

5. FIRE PREVENTION

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

Objectives of Fire Safety

- Save lives
- Prevent injury
- Treat injuries and burns
- Save property

General Fire Preparedness

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

Reporting a Fire (Code Red)

- Go to the nearest fire alarm box and pull handle down to activate.
- Go to the nearest telephone and dial "74#". State the following information:
 - 1) "This is (your name) reporting a fire at (location/room number)."
 - 2) Describe the type of fire (i.e. smell smoke, see smoke, see flames, etc.).
 - 3) If it is safe to do so, go back to the fire alarm box to direct responding personnel.

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

- Remove
- Alarm
- Contain

- Extinguish/Evaluate

Remove

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

Alarm

- Pull the fire pull box located:
 - At the junction of main corridor
 - At stairwell door
 - Behind nurses station
- When pulled it goes to Police Dispatch which shows location of pull station
- The pull station activates audible and visible alarm
- Call #74 – Communications
- They activate overhead page
- Activate the fire response group pager

Contain

- Closing doors for smoke / fire
- Taking advantage of compartments

Compartments

- Evaluate the next compartment
- Concrete slabs – horizontal between floors
- Concrete barriers at all double doors
- Fire retardant material to seal penetrations

Extinguish / Evacuate

Evaluation Types

- Non-evacuation: head code red, keep ears open
- Horizontal: past double doors
- Vertical: no elevators, unless you leave the hospital
- Building wide Evacuation: Only Administer On-Call (AOC), Director, or Associate Director can initiate

Types of Fires

The type of fire refers to its source:

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

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

Class C: Electrical equipment and other sources of electricity.

Types of Fire Extinguishers

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

Type A: Pressurized water. Use only on Class A Fires. Do not use on Class B or C fires. NOTE: No type A extinguishers are in our facility.

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

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

How to Use a Fire Extinguisher (PASS)

While holding the fire extinguisher upright:

- **P**ull pin
- **A**im at the base of the fire
- **S**queeze lever
- **S**weep side to side

Important Points to Remember:

- Code Red means that there is a fire reported in the building.
- Do not use the elevators during a fire or a fire drill. Use stairs.
- Emergency stairwell exits are clearly marked by exit signs in each corridor.
- Do not use stairs as an exit to the roof.
- Know the location of fire safety equipment in your work area. Know where the alarms, extinguishers, fire hoses (in Tower and ER) are located. Fire hoses in the Tower building and ER are available to building occupants and the fire department. To use, remove completely from the rack and have 2-3 people stand on the hose line.
- Know where the exits are and where to take patients in an emergency.
- If you are not at the fire's point of origin, continue to listen to overhead pages to obtain updates.
- The hospital has a Fire Response Team that consists of staff from Environmental Services, Plant Maintenance, Respiratory Therapy, Nursing and Security who is prepared to assist with fire suppression and evacuations. In addition, in patient care areas, personnel from the floor above and below as well as adjacent areas assist in responding to the fire.

Smoking Regulations

- Santa Monica-UCLA Medical Center and Orthopaedic Hospital is a non-smoking facility. Patients may be allowed to smoke with a physician's order if clinically indicated.
- Smoking is not permitted within forty feet of any entrances to the facility or at any construction site.
- Employees are specifically prohibited from smoking in the area of the 15th and 16th Street entrances during meal and work breaks.
- Staff is expected to comply with and enforce this policy.

Please review your department's Environment of Care, Safety & Disaster manual.

6. MEDICAL EQUIPMENT.

Patients' lives depend on the proper and safe operation of medical equipment. Always be aware of the importance of maintaining medical equipment in excellent working condition. Only qualified personnel should operate and service medical equipment.

General Considerations

- Electrical medical equipment must be properly grounded and have a hospital grade, 3-prong plug as well as be UL approved or equivalent for its intended use.
- Power cords and plugs should be checked for fraying or broken wires before using.
- Failure of medical equipment resulting in an injury requires an Event Report.
- All medical equipment should have a current "inspection label" and "control number" by the Department of Clinical Engineering. All medical equipment undergoes preventative maintenance and/or periodic scheduled inspection by Clinical Engineering. The periodic inspection frequency is based on the risk priority of the device, manufacturer's requirements and organization's experience (inclusive of failed inspections, repair history, incident history). In general, inspections take place at 3, 6 and 12-month intervals. No equipment should go longer than one year without

inspection. The inspection labels indicate the last completed inspection's date as well as the next inspection's due date.

- Defibrillators (output test only): 3 month interval
 - Life Saving/Support: 6 month interval
 - Monitoring, Diagnostic and Therapeutic: Annual interval
 - No Patient Contact Equipment: Annual interval
- All incoming medical equipment (including loaner, demo and rental) must be inspected by Clinical Engineering prior to use on patients. All departments are responsible to notify Clinical Engineering of their incoming medical equipment, so that the required acceptance inspections can be completed promptly and prior to use on patients.
 - Clinical Engineering must be notified of any medical equipment that is removed from active usage (including sales, trade-ins, and surplus).
 - Every employee should read Department-specific manuals pertaining to special items to find out further information about proper operation of medical equipment.

Patient Safety Requirements

- All general-use infusion and PCA pumps are tested to assure protection against free-flow.
- There is a regular testing of all medical equipment's alarm systems through periodic performance and preventative maintenance inspections.
- The Medical Center assures that clinical alarms are activated with appropriate settings and are sufficiently audible within the patient care areas.

For more information or to request service on your medical equipment, contact Clinical Engineering at extension 94685. For emergency service after hours the user department's supervisor/manager should contact the Communications Department at extension 94500 and ask the page operator to contact the on-call clinical engineering technician.

7. UTILITY SYSTEMS

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

SM-UCLA Utility Systems

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

Utilities Failure

- All utility failures with the exception of telephones, pagers and computers are to be reported to the Engineering Department at X94520.
 - 1) Report telephone and pager problems to the Operator, dial "0".
 - 2) Report computer problems to MCCS help desk x94792.
 - Emergency medical shutoff valves, water shutoff valves and electrical breakers are located throughout the facility. All medical gas valves are labeled with the areas served.
 - Emergency shutoff valves and breakers should not be shut off unless an appropriate assessment has been made regarding the impact to patients. This consultation should include the area manager, appropriate ancillary services and Plant Maintenance personnel.
 - Engineering personnel in consultation with hospital Administration can only shut off utility systems. The only exception is medical gasses, in which case trained Respiratory Care staff and Operating Room personnel (for OR's only) can shut off the valves in an emergency situation, in collaboration with Charge Nurse/Unit Director/Nursing Supervisor.
 - Engineering maintains master plans regarding location of shutoff controls.
 - Red electrical outlets and switches indicate that equipment and lighting is supplied by emergency power.
 - Engineering and Power Plant Operations conduct preventive maintenance of all utilities.

For more information, contact Engineering x94520 or Safety Officer x94338.

8. SOCIAL ENVIRONMENT

In addition to the seven Elements of Care, the EOC Plan is responsible for ensuring that the Medical Center's social environment fosters a positive self-image for the patient and preserves his dignity; provides adequate privacy; and makes available activities that support the development and maintenance of the patient's interests, skills and opportunities for personal growth. Your participation and support in maintaining an appropriate environment for our patients is very important to us and our patients and their families.

CHAPTER SIX: INFECTION CONTROL

Approximately 5-10% of admitted patients might acquire or develop an infection. Almost all of these patient infections are due to common microorganisms, which are present in the general environments as well as carried in and on healthy individuals and, therefore, represent no risk to personnel. Patients are at risk from these common organisms due to their compromised immune status, underlying disease, and/or due to the many invasive medical procedures which by-pass the body's normal defense systems. Examples of these procedures include:

- 1) Breaking the "skin barrier", such as surgical incision,
- 2) Those which compromise the respiratory tract such as endotracheal tubes (breathing tubes),

- 3) Those that access or drain normally sterile parts of the body such as urinary catheterization or intravenous catheters.

1. TUBERCULOSIS:

Unlike many respiratory infections, tuberculosis is an airborne disease. It is not spread by simple contact with secretions - it must be inhaled while airborne. Tuberculosis bacteria remain suspended in the air; fortunately, it is usually not all that easy to "catch". Only persons who have active disease - and generally only those with active respiratory disease - can transmit infection. In the USA, usually less than a third of family members living with a new infectious person are infected. However, it is estimated that 1/3 of the world's population is infected with tuberculosis!

Infection versus Disease:

Initial TB respiratory infection usually goes unnoticed and produces no changes (except a positive skin test) and no disease. Less than 10% of infected people (with normal immune systems) will eventually develop clinical (active) disease. This lifetime risk may be decreased to less than 1% if the infected person receives appropriate medications following exposure. Most persons who develop active disease will do so within the first 1-3 years following infection. (Persons who have been infected *and* who are immune compromised may have an 8-10% annual risk of developing active, clinical disease).

Health care center requirements regarding Tuberculosis:

The risk of developing TB is greatest for those who have *prolonged* contact with an infectious person in an *enclosed* setting, however, transmission could theoretically occur anywhere in the hospital. Hospitals and clinics are required by regulation to screen all employees on hire and annually to detect undiagnosed cases of TB. The screening skin test is called a PPD (or purified protein derivative). Persons who have a negative PPD on hire must repeat the test annually. Persons with a previously or newly documented positive PPD on hire are screened for active disease by checking symptoms and having a chest x-ray. The chest x-ray will not be repeated during employment unless the employee develops symptoms of active disease. A symptom review is done annually for all Santa Monica-UCLA Medical Center and Orthopaedic Hospital employees. ***Symptoms of active pulmonary tuberculosis include fatigue, fever, night sweats, weight loss, cough, and blood-tinged sputum.***

BCG Vaccine

Persons from countries where tuberculosis is more common may have had a tuberculosis vaccine called BCG. Current recommendations now require that a PPD skin test be performed if it has been several years since the vaccine. It has been found that BCG vaccine will initially cause a positive PPD reaction, but this reaction usually wears off over time. In addition it has been determined that the vaccination does not necessarily prevent TB infection. Persons with a positive PPD several years after BCG should assume that this represents true infection, and should keep a record of the size of their skin reaction. Recommendations on repeat annual skin testing will depend on the presence and size of any reaction.

It does no harm to repeat a PPD *unless* you have ever had a severe reaction (for example, skin blistering) to the test: If *you have had a severe reaction, you should not be re-tested.* More information on this subject is available by calling Employee Health at (310) 828-0329.

Strategies to prevent transmission of disease from patients with active TB generally involve:

- 1) **Prompt recognition of possible cases** in a timely fashion so that other interventions may be initiated.
- 2) **Preventing the patient from expelling organisms into the air.** This can be accomplished by transporting a patient in a *regular surgical mask* until they are isolated in the appropriate respiratory isolation room with an airborne precautions sign on the closed door. Directing a patient to cough directly into a tissue may prevent transmission when a mask is not immediately available.
- 3) **Preventing inhalation of the organisms** by wearing the specially designed N95 *tuberculosis mask* when in the presence of an unmasked patient with possible tuberculosis - or if in a room which has been occupied in the last hour by a suspected or confirmed active case.
- 4) **Providing appropriate medication to the patient.**
- 5) **Providing follow up for persons who have had contact with an active case** before proper isolation was initiated. For employees with a prior negative PPD this involves a baseline PPD if one has not been obtained within the prior 3 months and post-exposure PPD 3 months after the exposure date. Employees with a history of a positive PPD need to fill out a symptom review at 3 months post exposure.
- 6) **Providing annual PPD testing and symptom review.**
- 7) **Supply/equipment issues**
Once a patient is discharged, supplies left in the room should be discarded and equipment should at least be wiped down before use by another patient. Special cleaning procedures are not needed for supplies/equipment used for patients on Airborne Precautions. After discharge, the room should be left vacant for 1 hour with the sign on the door. Personnel entering during this time should wear the N-95 respirators. The room and equipment should then be cleaned according to hospital policy.

2. ISOLATION AND STANDARD PRECAUTIONS

Because of increasing problems with antibiotic-resistant bacteria that are frequently **spread by the failure of health care workers to wash their hands**, CDC has reemphasized the importance of good hand washing practices as the standard of quality patient care in Standard Precautions that are applied to all patients. CDC has also defined three other categories of Precautions. For patients with microorganisms that have been shown readily to spread within the hospital via the hands and clothing of healthcare workers, additional Contact Isolation Precautions, including the use of gowns and gloves by healthcare workers, are recommended. Patients with microorganisms that are known to spread by aerosolized large droplets with a limited range are isolated by using Droplet Precautions, and patients with microorganisms that spread more widely by aerosolized small droplet nuclei are isolated by Airborne Precautions.

Universal/Standard precautions apply to all patients regardless of diagnosis.

Additional precaution categories are: Contact, Droplet, and Airborne. Each has a different colored pre-printed door sign. The type of bacteria or disease should not be placed on the door sign or the patient name board, as this is a breach of patient confidentiality.

The back of each category door sign no longer includes a list of disease/conditions included in the particular category for privacy reasons. Some conditions will require two categories (two door signs) and this will be indicated on the list as well as in complete tables located in the Infection Control Manual: *Type and Duration of Precautions; Clinical Syndromes or Conditions Warranting Empiric Precautions Pending Confirmation of Diagnosis*.

3. METHICILLIN RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA)

"MRSA" stands for methicillin-resistant *Staphylococcus aureus*. Usually infections caused by the bacteria called *S. aureus* can be treated with the antibiotic methicillin (or oxacillin), but infections caused by MRSA usually have to be treated with vancomycin. MRSA is no more likely to cause infection than non-methicillin-resistant *S. aureus*. But, should an infection occur, the number of antibiotics available for treatment is decreased.

Over the past decade, MRSA has become established in many hospitals. Colonized patients are the major reservoir. The organism is spread from patient to patient via the hands of healthcare workers or on inanimate objects such as stethoscopes, blood pressure cuffs, etc.

HANDWASHING after any patient or patient environment contact is the best control measure. Hands must be washed after removing gloves and gown. Patients should be placed in a private room if possible, or cohort with another patient who has MRSA. Masks are not routinely required, as MRSA is not truly "airborne". If any patient is coughing up copious secretions then mask/eye protection should be worn for close contact. Masks/eye protection should also be worn with any patient during procedures that are likely to induce aerosols such as suctioning. Gloves must be worn to enter the room. An isolation gown must be worn if contact with the patient or the patient's belonging is anticipated for that part of the body. Equipment that comes in contact with the patient should preferably not be shared, and must be disinfected or discarded before going to another patient. Equipment such as stethoscopes, IV poles, and stretchers must be thoroughly cleaned or wiped down with the hospital-approved disinfectant prior to being used on another patient.

Several factors may put patients at risk for MRSA:

- Longer hospitalization or residence in a long term care facility
- Presence of other patients colonized with MRSA on same unit
- Residence in an intensive care unit
- Prior antibiotic treatment

Although MRSA colonization is not common among healthcare workers, it does occur and can be one way in which MRSA can be spread. Colonization in health care workers does not make the health care worker sick or represent any risk to their families.

Supplies/equipment

Supplies in the room of a patient who is colonized/infected with MRSA should be kept to a minimum. They should not be handled while wearing soiled gloves. Unopened, sterile supplies and medications can be returned to the appropriate area after being wiped down with the hospital disinfectant. Opened, contaminated, unwrapped or damaged items must be discarded or disinfected. Any item used recurrently that has direct skin contact (e.g. blood pressure cuff,

stethoscope) should, if possible, be dedicated to the patient until discharge. Any shared item needs to be cleaned with the hospital disinfectant after each use.

4. VANCOMYCIN RESISTANT ENTEROCOCCI (VRE)

Enterococci are bacteria that are normal inhabitants of the gastrointestinal tract and female genital tract. They are present in almost all stool samples.

"VRE" stands for vancomycin-resistant enterococci. Enterococci are normally susceptible to the antibiotic vancomycin. When they become resistant, treatment options are limited.

Patients who are colonized (rectally) with VRE, and objects that are contaminated with stool, are important reservoirs. VRE can be spread from patient to patient on the hands of healthcare workers or on inanimate objects such as stethoscopes, rectal thermometers, etc. VRE can persist on environmental surfaces in the patient's room. Surfaces must be considered contaminated until they have been cleaned with the hospital-approved disinfectant (VRE is "resistant" to many antibiotics, not disinfectants).

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

On rare occasions healthcare workers have been found to be asymptomatic carriers. VRE will not make the healthcare worker sick and does not represent any risk to their families. Even most patients with VRE rarely develop infections i.e. most remain silently colonized.

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

Exposure Control Plan - All departments have an infection control manual that contains detailed policies covering exposure control as well as other infection control policies. In addition, the hospital has a Bloodborne Pathogen Exposure Control Plan as specified by OSHA, which is also in the Infection Control Manual.

Additional information on Bloodborne diseases and prevention:

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

1. Amount of blood or potentially infectious fluid to which the individual is exposed
2. Amount of pathogen in the fluid
3. Frequency of exposure
4. Duration of exposure
5. Virulence/potency of the pathogen
6. Immune status/function of the exposed individual

5. HEPATITIS B VIRUS (HBV)

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

6. HUMAN IMMUNODEFICIENCY VIRUS (HIV)

1. The number of people infected by HIV (the virus that causes AIDS) during occupational exposure is very small.
2. The risk of HIV infection from a work-related exposure to HIV-infected blood (through needle stick or mucous membrane exposure) is ~ 0.3 % for needle sticks and <0.1% for mucous membrane or non-intact skin exposure.

3. HIV infection may initially cause no symptoms - or only mild symptoms. Over time HIV infection causes progressive destruction of the immune system, allowing opportunistic diseases that cause devastating effects and death.
4. To date, less than 170 HCW's have reported an infection with HIV through occupational exposure in the USA.
5. Prophylaxis with anti-HIV drugs following exposure significantly decreases the risk of HIV infection. AZT prophylaxis should be started within 1-2 hours of exposure, if possible. Questions about efficacy and safety of prophylaxis should be discussed with the Emergency room physician who will initially evaluate you following the exposure, your physician or the a Infectious Diseases physician.

7. HEPATITIS C VIRUS (HEP C)

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

8. ADDITIONAL GENERAL GUIDELINES FOR PREVENTION OF BLOODBORNE PATHOGEN INFECTION:

1. **Sharp Safety**
 - a. Do not bend, break, or re-cap needles.
 - b. Pay attention when placing sharps in sharps containers.
 - c. California law requires use of safety devices for all sharps.
 - d. Always announce the fact that you are handing a sharp object to someone.
2. **Decontamination**
 - a. Employees must clean and decontaminate work surfaces and equipment with an approved hospital grade disinfectant after completing procedures involving contact with blood.
 - b. Employees must also clean and disinfect:
 - i. When surfaces become obviously contaminated
 - ii. After any spill of blood or other potentially infectious materials
 - iii. At the end of the work shift if contamination may have occurred.
 - c. If cleaning up broken glass, use forceps or other mechanical means to sweep up the glass. Broken glass should not be picked up with the hands even if they are gloved.
 - d. Contaminated equipment should be decontaminated after use when possible. If this is not feasible, enclose equipment in plastic and label with a biohazard sign before sending it for service or shipment.
 - e. Bins, pails, and cans which may be contaminated with blood and other regulated fluids must be inspected and decontaminated on a regularly scheduled basis.
3. **Personal Protective Equipment (PPE)**
 - a. PPE such as gloves, eye protection, cover gowns, and masks should be available in all areas where exposure



- might occur. Employees are asked to contact your Director or Employee Health if adequate PPE is not available.
- b. Hypoallergenic gloves are currently available and should be ordered for departments in which employees have these special needs.
 - c. Water-resistant PPE must be available in areas where soaking or splashing exposure may occur.
 - d. Remove PPE before leaving the work area. PPE must be discarded at the area where it was used. Gowns, gloves, masks, caps, shoe covers, etc. are not to be worn in the halls or nursing stations.
 - e. If clothing is soaked by blood or other potentially infectious fluid, the HCW should remove the clothing immediately or ASAP. Clean scrubs shall be provided.
 - f. Flush eyes with water as soon as possible after an eye exposure to blood or other potentially infectious fluid.
 - g. Report any/all Bloodborne pathogen exposures immediately to your supervisor and then follow the notes below.
 - h. Specimens are handled using universal/standard precautions and transported in a plastic bag or leak proof container with a biohazard label.

Reporting of blood exposures.

1. Report to the Emergency Department immediately following an exposure.
2. The employee **MUST also** report to Employee Health that day or the next business day to ensure that proper follow up is completed.
3. Employers are required to maintain a covered employee's health record for 30 years after the individual terminates employment at the institution.
4. Employees consenting to post-exposure testing, but refusing HIV baseline testing, must have their blood saved for 90 days in the event that they have second thoughts.
5. Employers must offer exposure management at an alternative site if the employee requests this due to confidentiality concerns.

9. WORK RESTRICTIONS WHEN YOU ARE SICK

Conjunctivitis, infectious

No direct patient contact until discharge ceases.

Viral conjunctivitis can be particularly infectious and has been associated with epidemics in hospitals.

Diarrhea

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

Group A Streptococcal Disease

Personnel with a sore throat, fever, and swollen lymph glands should be evaluated and have a throat culture performed if streptococcal sore throat is suspected. Anyone suspected of

having a group A streptococcus infection at any site should be removed from direct patient care until infection is ruled out by test or until 24 hours after start of effective therapy.

Exposure to Varicella (chickenpox) or Zoster (shingles)

The same virus (varicella zoster) causes both diseases. This herpes virus can become latent after primary infection (chickenpox) and re-activate along a nerve route (shingles) at some later time. If you are exposed to either infection and do not remember having had either infection in the past, you need to inform your supervisor. Your blood antibody titer must be checked. If you are not immune you must refrain from patient care during the incubation period. Notify Infection Control.

Herpes Simplex

Genital: No work restrictions.

Hands (herpetic whitlow): No direct patient contact until lesions heal.

Oral-facial: Cannot care for high-risk patients (NICU) without clearance. Persons with multiple facial lesions should refrain from patient care until lesions are healed.

Respiratory infections

Healthcare workers are reminded that exposure to a mild cold can result in severe infections to others. Respiratory syncytial virus (RSV) can cause life-threatening pneumonia in patients less than 2 years of age, particularly among those with cardiac or pulmonary problems. RSV is spread **by contact** with respiratory secretions (not airborne transmission). RSV in healthy adults and older children appears as a common cold. Influenza is spread **via the respiratory route** - at the beginning of the illness when you may not feel sick enough to stay home.

If you must work with a respiratory infection:

- **Remember, most infections are spread by direct contact. Carefully wash your hands every time you have contact with your own secretions and before any patient contact.**
- It is not appropriate for employees with respiratory illnesses to wear masks as masks are considered personal protective equipment and may only be worn while performing a patient care function.
- **STAY HOME.** It probably will be impossible to prevent you from exposing patients. This is particularly important when caring for high-risk patients, including pediatric patients and those with compromised immune systems. You cannot tell from your symptoms if you have a fairly innocuous rhinovirus infection ("common cold") or an infection with RSV, influenza, or some other viral infection that could have serious consequences if transmitted to a hospital patient.

Febrile Illness

Stay home if you have a fever

Influenza vaccine is offered every fall and winter and is highly recommended for all health care workers (providing there are no personal contraindications).

QUESTIONS?

Infection Control Department Extension 94454

Employee Health Department Phone Number: (310) 828-0329

Or contact your manager who should be able to answer or refer your questions.

Chapter SEVEN: PATIENT SAFETY

1. OVERVIEW

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

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

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

The UCLA Healthcare Center for Patient Safety and Quality works with colleagues throughout the organization to improve the quality and safety of care we deliver. The Center defines and promotes changes necessary to create a culture that encourages reporting and learning from mistakes, near misses and mishaps by creating a "blame free" environment. More information and tools are available on the Center's website:

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

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

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

2. NATIONAL PATIENT SAFETY GOALS

There are seven JCAHO National Safety Goals. These specific goals as defined by the JCAHO are consistent with and supportive of our institution's drive to provide excellent

patient care, to measure the quality of our care, and to constantly strive to improve our care. These patient safety requirements must be incorporated in our everyday practices.

Goal 1: Improve the accuracy of patient identification.

- Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or administering blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.

Goal 2: 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 order or test result "read-back" the complete order or test result.
- Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
- Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.

Goal 3: Improve the safety of using medications

- Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units.
- Standardize and limit the number of drug concentrations available in the organization.
- Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.

Goal 4: Improve the safety of using infusion pumps

- Ensure free-flow protection on all general use and PCA (patient controlled analgesia) intravenous infusion pumps used in the organization

Goal 7: Reduce the risk of health care-associated infections.

- Comply with current 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 health care-associated infection.
- Evidenced based practice to prevent HCAI due to multiple drug-resistant organisms to acute car
- Includes MRSA, CDI, VRE, multiple drug resistant gram negative bacteria
- One year phase in: full compliance by 2010
- Evidence-based practice to prevent central line-associated bloodstream infections
- One year phase in: full compliance by 2010
- Implement best practice for preventing surgical site infections

- One year phase in: full compliance by 2010

Goal 6: Accurately and completely reconcile medications across the continuum of care.

During 2005, for full implementation by January 2006, develop a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.

A complete list of the patient's medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside the organization.

Goal 9: Reduce the risk of patient harm resulting from falls.

- Implement fall reduction program and evaluate effectiveness.

Goal 13: Active involvement of patients and families in patient's care as safety strategy

- Identify ways patients can report safety concerns and encourage them to do so

Goal 15: Suicide Risk

- Organization identifies patients at risk for suicide
- Applies to BHC and HAP (psychiatric patients)

Goal 16: Changes in patient condition

- Organization selects suitable method that enables health care staff members to directly request additional assistance from specialty trained individual(s) when patient's condition appears to be worsening.

UCLA Health System educates its staff that any employee who has concerns about the safety or quality of care provided in the UCLA Health System may report these concerns to the Joint Commission. UCLA Health System further informs its staff that it will take no disciplinary action because an employee reports safety or quality of care concerns to the Joint Commission. The health system demonstrates this commitment by taking no retaliatory disciplinary action against employees when they do report safety or quality of care concerns to the Joint Commission.

3. EVENT REPORTING

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

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

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

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

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

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

4. MEDICAL GASES

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

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

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

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

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

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

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

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

ANNUAL EDUCATION POST TEST

1. The Santa Monica-UCLA Medical Center and Orthopaedic Hospital mission states that we are dedicated to improving the health status of the community we serve.
2. Information Management links research, teaching and patient care activities with business and administrative functions. It also ensures the integrity and security of verbal, written and electronic information.
3. Only the patient care areas have to develop their performance improvement activities and goals annually.
4. To inquire about or report an incident of sexual harassment, employees should contact the Human Resources Department.
5. It is the responsibility only of licensed employee to protect patient confidentiality.
6. Any employee can review a medical record as long as the employee does not tell anyone about it.
7. Under what circumstances may an employee request to be granted the right not to participate in patient care or treatment?
 - a. Unfairness in assignment
 - b. Having a conflict with a patient
 - c. Being in conflict with one's own ethics, culture and religion
8. In addition to the Hospital Emergency Incident Command System (HEICS), every department has an emergency and disaster response plan.
9. Emergency codes used to alert staff to potential emergency situations. Which of the following is correct for emergency codes?
 - a. Code Triage = Disaster
 - b. Code Red = Fire
 - c. Code Orange = Hazardous Spill
 - d. All of the above
10. The phone number to call when reporting a fire in the hospital is:
 - a. 911
 - b. 74#
 - c. 0 (Operator)
11. Identify the proper codes for a possible infant or child abduction
 - a. Code Black and Code White
 - b. Code Pink and Code Purple**
 - c. Code Pink is used for both infant and child

12. In the event of a fire, what is the minimum number of exits you need to have on every floor?
 - a. One
 - b. Two
 - c. Three
 - d. Four

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

14. Event reports should be filed whenever an unsafe process is identified.

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

16. If injured on the job, wait a few days to see if everything gets better before reporting it to Employee Health Office or the Emergency Room.

17. The primary purpose of the sexual harassment complaint resolution procedure is to ensure that the alleged harasser is fired.

18. Only employees who do direct patient care are required to wear hospital identification badges.

19. When leaving your computer, even for a short time, it is important to log out to assure the security and protect the confidentiality of online information.

20. In case of emergency, anyone can shut off a medical gas valve without worrying about its effect on patients.

21. Red outlets and switches can be used any time.

22. Which department do you call for requesting service (or to report a problem) on your medical equipment?
 - a. Plant Operations
 - b. Engineering
 - c. Clinical Engineering

23. Who is responsible for notifying Clinical Engineering of any medical equipment (including loaner, demo and rental) in order to complete an acceptance prior to initial use on patient?
 - a. Technical staff of Clinical Engineering
 - b. Purchasing Department

- c. Each department receiving the equipment
 - d. Nursing Department
24. Biohazardous waste can be placed in a regular trash bag.
25. You must remove and discard all PPE (personal protective equipment) prior to leaving the workstation where it was used.
26. Currently, there is no vaccine available to prevent or treat Hepatitis C.
27. Hand washing is the single most important thing you can do to prevent the spread of infection.
28. Standard precautions are used for all patients, regardless of diagnosis.
29. If an employee is running a fever, then it is all right to work as long as he has no direct patient contact.
30. TB requires airborne isolation.
31. AZT should be given within 2 hours of significant exposure to material likely to be HIV positive.
32. After discharge, another patient can immediately occupy a room previously used for airborne isolation.
33. Patients undergoing a research procedure must sign an informed consent that informs them that they must participate in the research project until completion.
34. Which department should be contacted to begin the research process? Circle one.
- a. Administration
 - b. Medical Review Board
 - c. UCLA Office of Clinical Trials
35. Researchers need to be trained and show certification of training before an application for research will be considered.
36. All containers that contain a hazardous material or hazardous waste must always be properly labeled.
37. A master list of all Santa Monica Hospital MSDS's is located in:
- a. Administration
 - b. The Emergency Department
 - c. The Safety Office
38. When is the next preventive maintenance inspection due on a piece pf medical equipment?
- a. It is indicated by the "due date" on the inspection label

- b. Whenever Clinical Engineering makes their rounds
 - c. Medical equipment only needs to be checked by the manufacturers before it arrives in the department
 - d. All medical equipment is inspected every 12 months
39. Employees concerned about safety or quality of care provided in the UCLA Health System may report these concerns to the Joint Commission without fear of retaliation or discipline.

ANNUAL EDUCATION POST TEST

Print Name: _____ Unit/Ext. _____

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

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

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

How many questions did you miss? _____

Review each question missed and sign below.

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

Signature _____ Date _____

**ANNUAL EDUCATION DAY POST TEST
ANSWER KEY**

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