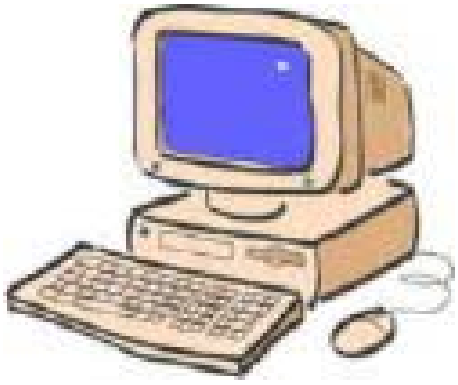
UCLA Health System

Self-Study Orientation Guide and Staff Information Handbook



January 2010

TABLE OF CONTENTS

REVISED: JANUARY 2010

CHAPTER ONE: OVERVIEW

Ronald Reagan UCLA Medical Center is a 520 bed acute care hospital with outpatient services located in 100, 200 and 300 Medical Plaza as well as the West Medical Building on Veteran Ave. The Medical Center is licensed by the State of California and accredited by the Joint Commission on Accreditation of Health Care Organizations.

1. MISSION

Our mission is delivering leading edge patient care, research and education.

2. VISION

Our vision is healing humankind, one patient at a time, by improving health, alleviating suffering, and delivering acts of kindness.

3. VALUES

Compassion: delivering quality and value to patients/education/research – our customers
Respect: Respecting people by eliminating waste and non-value added efforts, providing the necessary resources.
Excellence: Continuous improvement to seek perfection – with error proofing and active daily management
Discovery: Scientific method (PDCA) / evidence based practice
Integrity: Every time, delivering highest quality, safety and service performance with stability and control
Teamwork: Systematic thinking to understand processes and value streams

4. OBJECTIVES

Our goals, plans and dashboards incorporate People, Quality/Safety, Service, Operations, Strategic Development and Finances.

5. LEADERSHIP

The Regents of the University of California serve as the governing body for the Ronald Reagan UCLA Medical Center, the Resnick Neuropsychiatric Hospital and the Santa Monica/UCLA Medical Center and Orthopaedic Hospital. Authority to lead UCLA Health System (which includes the Hospital System, Medical Group, and the Medical School) is delegated to the Vice Chancellor, Medical Sciences, Dr. A. Eugene Washington. Dr. David Feinberg has been appointed Associate Vice Chancellor and CEO for the UCLA Hospital System and Dr. J. Thomas Rosenthal is the Associate Vice Chancellor and Chief Medical Officer. Dr. Feinberg delegates selected responsibility to key Hospital System leaders, such as senior associate directors, senior nursing staff, department managers and unit directors for the daily operations of the hospitals. Medical Staff (physicians) are led by a self-governance process and elect a Chief of Staff. Dr. Rosenthal works closely with the Chief of Staff, elected officials and the Hospital System and medical group leadership to achieve the mission of the hospitals.

6. PROVIDING THE BEST HEALTHCARE EXPERIENCE POSSIBLE

We want our patients, their families and our staff to have the best healthcare experience possible. As part of our World Class Service, we have committed to building relationships with those whom we serve and each other by adhering to our dress codes, taking our breaks in designated areas, using a standard phone and elevator etiquette and our basic communication standard, CICARE on every encounter. Our patients, their families, internal and external experts have identified that the following information is essential to building relationships with each other.

As UCLA Health System employees, it is our responsibility to treat patients, families, visitors and each other with courtesy, dignity, respect and professionalism. The following are specific expectations by which all employees are measured in their performance evaluations.

Communication- The practice of C-I-CARE

Practice C-I-CARE when interacting with patients, their families, visitors, or internal departments.
For patient care interactions, use the following:

- **C**onnect with the patient and family members by addressing them as Mr./Ms., or by the name that they prefer.
- **I**ntroduce yourself and your role.
- **C**ommunicate what you are going to do, how long it is going to take, and how it will impact the patient.
- **A**sk and anticipate patient and/or family needs, questions or concerns.
- **R**espond to patient and/or family questions and requests with immediacy.
- **E**xit courteously and/or with an explanation of what will come next (or when you will be back to check on them).

C-I-CARE Phone Etiquette

Practice C-I-CARE phone etiquette during all phone interactions:

- Before answering the phone, discontinue conversations or activities that may be heard by the caller.
- Answer the phone within 4 rings.
- Identify your department, give your name, and offer assistance such as, "May I help you?"

Courtesy

Always exercise courtesy whenever patients, family members and visitors are present. This includes the cafeteria, patient and visitor waiting areas, hallways, elevators, treatment areas and patient rooms.

- Make eye contact and smile with patients, visitors and staff. Offer a greeting when passing, such as, "Good morning."
- Allow patients and visitors to go first when getting in/out of elevators, doorways and in the hallways.
- Offer to help visitors get to their destination, or provide directions.
- Speak in moderate tones; be aware of the level of your voice (speaking loudly or yelling) in the hallways or elevators.
- Demonstrate professional behavior whenever patients, family members or visitors are present. Avoid lying down, sleeping, removing shoes, using hospital linen, eating, laughing or speaking loudly or disruptively. Avoid boisterous behavior in areas within earshot of patients and visitors.
- Maintain appropriate conversations, being respectful of patient and employee confidentiality. Conflicts or disagreements of a work-related or personal nature should be discussed where patients, their families or visitors are not present.
- In order to provide a safe environment of care, speak only English or the language of the patient/visitor you are helping. Arrange for interpretation services when needed.
- Personal cell phones or listening devices may only be used during break times and only in designated break areas.

Respect

- Respect privacy and dignity.
- Knock on a patient's door before entering and ask permission to enter.
- Ask permission before examining a patient, and provide an explanation of the examination or procedure.
- Do not make disparaging remarks about other departments or staff in front of patients or visitors.
- Respect individual and cultural differences.

Professionalism

Maintain professionalism in the presence of patients, their families, visitors or co-workers.

- Show pride by maintaining professional appearance while on duty. Adhere to organizational appearance standards. Wear name badge appropriately.
- Demonstrate an ongoing responsibility and commitment through good attendance and by being on time to work.
- Demonstrate pride in UCLA Health System by keeping areas clean and safe.
- When within hearing of any patients, family members, visitors or staff members, keep comments about patients, co-workers, physicians or any part of UCLA Health System positive and appropriate.
- Teamwork: recognize that each person has an area of expertise and that his or her contribution is

valuable.

Patients and staff provide feedback about their healthcare experience in our hospitals and clinics through ongoing patient and staff surveys which are shared with faculty and staff throughout the organization. Opportunities for improvement are identified and great feedback and performance is recognized and celebrated. Our STAR Program recognizes and awards those individuals whom patients and colleagues have identified made a difference in their experience and demonstrated "C-I-CARE" in their interactions.

7. TEAM COMMUNICATION AND COLLABORATION

Teamwork is a key component to the success of an organization. Staff meetings, huddles, multidisciplinary committees, open forums, shift meetings, and rounding are all examples of building a unified team, aligning your goals, raising morale, providing support, recognizing accomplishments, and brainstorming ideas or problem-solving issues. These opportunities open the lines of communication between a manager and staff member or various disciplines and caregivers. That connection leads to more accurate and timely information, important education for all participants and sets clear expectations. It is very important for there to be two-way communication. This allows for interaction, feedback and discussion. Listening is also a critical skill. Even a brief assembly can achieve clarity, alignment and commitment to a common goal. The coordination of care and the collaboration and communication between staff members promotes a more successful admission, transfer and outcome for our patients, visitors and customers.

CHAPTER TWO: MEDICAL CENTER PLANS, PROGRAMS, AND INITIATIVES

1. PLANS

UCLA Health System 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) Leadership Plan

UCLA Health System 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 Plan

UCLA Health System 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.
- UCLA Health System 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) Staff Education Plan

The UCLA Health System Education plan is a two year plan which was created to address formally assessed learning needs across the organization. The purpose is to provide an effective and efficient process that builds the requisite skills for optimum performance at all levels of staff. The ultimate purpose of the plan is to provide a learning environment that supports progressive learning and optimum performance in providing exemplary patient care. The goals of the plan are to ensure that employees are provided with an adequate orientation, to provide an environment that is conducive to continuous learning, and to ensure the effective collection and aggregation of data related to education, training and development. Education, training and development is an ongoing process rather than a single event, that occurs at any time or any place. Each employee, together with their manager, is responsible for ongoing achievement of competencies and learning objectives.

d) Information Management Plan

Information management means many things in a hospital, from paper-based processes like medical records to telephone, fax and e-mail communications, to computer-based activities. Information management links research, teaching, and patient care activities as well as administrative and business functions. A Clinical Enterprise Information Technology committee exists to assess information needs, develop and plan the current and future use of technology. The goals of information management are to:

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

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

e) Institutional Plan for the Provision of Patient Care

This plan guides UCLA Health System 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 **Scope of Service** 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 UCLA Health System's performance, the following initiatives and programs have been established to provide structure, formal process improvement, and to support quality patient care activities.

a) Performance Improvement

Our Performance Improvement (PI) Program continuously plans, measures, assesses, and improves processes, systems and outcomes to assure exemplary performance. This includes "quality assessment" which refers to systematic monitoring activities.

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

Performance Improvement includes evaluation of clinical effectiveness to improve patient care and achieve efficiency of treatments and cost effectiveness. The program also incorporates the institution-wide PI Program that is organized to integrate UCLA Health System PI activities into a comprehensive, interdisciplinary program. Annually the organization identifies organization-wide measures that demonstrate the quality of care provided. Additionally, at the beginning of each fiscal year, each department or service identifies their quality goals consistent with the performance improvement priorities. These organization-wide and department-specific goals are shared throughout the organization so groups with similar interests may share resources and ideas. At the end of the year, the accomplishments of the performance improvement program is summarized and communicated to the organization.

The UCLA Health System has established the following three priority areas:

- Quality – Delivering the highest quality of care to all of our patients
- Service – Meeting all of our patients' and customers' expectations
- Cost – Keeping our costs in line so we can deliver the best care to as many patients as possible

All employees are responsible for assuring patient safety by identifying unsafe practices, participating in root cause analyses, and understanding the relationship between Performance Improvement and Risk Management. Employees will work with Risk Management to identify, reduce and eliminate risk exposures. This process will provide the opportunities for improvements in process and practice of care.

b) The Incentive Award Program is established for career, limited appointment and per diem staff who meet eligibility requirements. Under this program an employee or a team may be nominated to receive up to $1000.00 per fiscal year for meeting one of the following criteria:

1. The employee's creativity or innovative actions impacts the department or organizational performance.
2. The employee makes a measurably significant, special, one-time contribution to the departmental performance.
3. The employee's performance elicits favorable reactions from customers and he/she handles customer/client needs that meet departmental objectives.
4. The employee improves organizational performance and operations efficiency.
5. The employee provides significant support for strategic/functional business plans and objectives.

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

CHAPTER THREE: KEY MEDICAL CENTER POLICIES AND HIGHLIGHTS

All UCLA Health System 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. DISRUPTIVE BEHAVIOR / WORKPLACE CONDUCT

Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction, adverse outcomes, increased costs of care, employee turnover and result in overall poor quality of care. Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment.

To assure quality and to promote a culture of safety, UCLA Hospital System has zero tolerance for disruptive behaviors that affects patient care. Disruptive and inappropriate behavior includes, but is not limited to: Any behavior that distracts, interferes with, or prevents normal work functions / affects employee morale or turnover. All staff members are responsible for modeling desirable behaviors to create a positive work environment.

Reporting Disruptive behavior: Staff should report through the chain of command and to Human Resources. Reporting and investigating will remain confidential. Retaliation against someone who reports disruptive behavior is strictly prohibited. For more information, please refer to the Disruptive Behavior Policy, HS 7313.

2. PATIENT RIGHTS AND RESPONSIBILITIES

UCLA Health System respects the rights of the patient and recognizes that each patient is an individual with unique health care needs. UCLA Health System has adopted a Patients' Bill of Rights and Responsibilities. 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, effective pain management, privacy and confidentiality, billing explanations, and reasonable requests for services. Patient responsibilities include the expectation to treat providers and others with courtesy and respect, to follow hospital policies, to provide necessary medical information, and to cooperate with the delivery of care.

A detailed description of all of the patient rights are posted throughout the Ronald Reagan UCLA Medical Center and Medical Plaza, or can be obtained by contacting Patient Affairs at x40512 (Medical Center) or x41276 (Medical Plaza).

3. ETHICS Center for Medical Ethical Decisions

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

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

The center is committed to:

- Promoting the care of patients in an environment that is humanistic and compassionate.
- Drawing on the perspectives of health professionals, patients and families.
- Addressing the challenges of rapid socioeconomic, cultural and technological changes in health care.
- Utilizing the rich and diverse UCLA academic resources to reach out to the community and combine the strengths and perspectives of various disciplines and professions.
- Carrying out innovative research to advance ethical aspects of health care and health policy.
- Hosting community lectures on medical-ethical topics of public interest.

Utilizing resources and experts in the fields of social work, pastoral care, nursing, public health and law,

among others, the UCLA Health System Ethics Center focuses the efforts of the university, the David Geffen School of Medicine and UCLA Medical Center on developing innovative, humanistic solutions to new ethical issues in patient care

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

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

4. The UCLA Medical Sciences Compliance Program

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

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

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

The Federal Department of Health & Human Services and its Office of the Inspector General ("OIG") strongly urge all health care providers to implement effective corporate compliance programs not only to further advance the prevention of waste, fraud and abuse in healthcare but to further the fundamental mission of all healthcare entities, which is to provide quality healthcare to patients. The OIG also recognizes that a sincere effort to comply with applicable federal and state standards through the establishment of an effective compliance program significantly reduces the risk of unlawful or improper conduct and may, in fact, mitigate the severity of administrative penalties. UCLA has taken up this mandate in part to serve as a role model for good corporate citizenship in health care in the 21st century. UCLA began its compliance program in 1997 with the creation of standard documentation rules for physician professional billing, along with a monitoring capability to insure that these rules are being adhered to throughout the healthcare enterprise. UCLA has expanded its compliance program to cover all components of the UCLA Medical Sciences enterprise.

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

and investigate compliance questions.

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

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

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

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

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

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

5. PATIENT CONFIDENTIALITY

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

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

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

- Patient identifiers such as medical record number, name, date of birth, Social Security Number, address, phone number, contact information, photographic images and any other unique code or

characteristic that could be used to identify an individual patient
- Details about illnesses or conditions (particularly AIDS, psychiatric conditions, genetic testing or alcohol/drug abuse)
- Information about treatments
- Health-care provider's notes about a patient
- Patient billing information
- Conversations between a patient and a health-care provider

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

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

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

Privacy and Information Security Policies and Resources

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

Guidelines for Protecting Patient Confidentiality

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

- Protect all records. Keep records secured, and ensure that only authorized staff are accessing records for valid treatment, payment and healthcare operations purposes.
- Keep all patient information covered. Do not leave patient information displayed on computer screens. Only authorized personnel may review medical records whether in paper or electronic formats.
- Don't talk about patients in public. Be careful not to discuss confidential information where others, including patients, visitors, or other employees, might overhear.
- Use care with telephones, fax machines, and e-mails. Make sure that all department printers, fax machines and other devices used for transmitting or storing patient information are secure.
- Protect your computer passwords and never share them with anyone else.
- Dispose of trash with confidential patient information on it in secured disposal containers or shred the information.
- Do not look up information not required for your job.
- Use only encrypted flash drives or USB keys to protect the integrity of the clinical information.
- Report suspected information security and privacy violations to your supervisor, through the event reporting system, the Hotline, or to the Office of Compliance and Privacy.

6. ORGAN AND TISSUE DONATION

At UCLA Health System, organ and tissue donation are incorporated into our mission. The donation process is

regulated, defined, outlined and or supported by the Center for Medicare and Medical Services (CMS), The Anatomical Gift Act, The Uniform Determination of Death Act, The California Health and Safety Code, The Joint Commission, *The Organ Donation & Transplantation Breakthrough Collaborative* (HRSA), and the UCLA Health System policy for Organ and Tissue Donation.

OneLegacy, a federally designated Organ Procurement Organization (OPO), is our partner in the donation and procurement process.

All patients (families) are provided with the opportunity for organ and or tissue donation as part of end of life care. Families of patients who become donors report that organ donation provides meaning to their loss and is a source of comfort and healing.

In California, consent for organ donation via the DMV, California Donor Registry (www.donatelifecalifornia.org) or other legal document that has not been subsequently changed by the individual, does not required additional consent for donation.

A multidisciplinary team, **Bruins for Life (WW)**, comprised of Physicians, Nurses, Social Workers, the Ethics Center, Educators, Managers, and OneLegacy staff oversee the donation process (under the oversight of PIPS-Performance Improvement and Patient Safety Committee), maintains knowledge of current *Collaborativ*e best practices, identifies opportunities for improvement, and works collaboratively across disciplines to implement improvements in the organ and tissue donation process.

Organ donation occurs after a pronouncement of "**brain death**" and in certain circumstances, after cardiac death (**Donation after Cardiac Death- DCD**). Tissue donation occurs after a patient is declared dead.

The laws governing consent for organ and tissue donation serve as the basis for the donation consent process.

Key elements of best practice donation processes include:

Use of defined "**Clinical Triggers**" for early identification and referral of potential organ donors.

All potential donors (per clinical triggers) are reported to 800-338-6112 within 1 hour of identification (Brain death and DCD) or within1hour of death (tissue).

Multi-disciplinary team **"huddles**" facilitate the development of the patient/family plan of care and the effective request process. The huddle process may occur by phone and or in the patient care area. "**Effective Requesting**" incorporates all of the known information about the patient/family system to determine the "who, how, when and where" aspects of the donation request. A culturally competent requestor is preferred. A culturally knowledgeable or like-requestor may be used. The goals of the effective request process are to optimize the opportunity for donation consent and to support the patient and family throughout the process. Although some commonalities are present, every request is unique to the needs of the patient/family situation. A OneLegacy partner is usually the requester. If, based on the needs of the family, a member of the multidisciplinary team is the requestor, a OneLegacy partner is usually physically present during the request.

After-action reviews are conducted within 1 week of an eligible donor identification to understand the successes and opportunities in the donation process. The model for improving the process is a rapid cycle "Plan-Do-Study (check)-Act".

Identified metrics (timely referral, conversion rate, medical examiner declines, DCD%, and organs transplanted per donor) are reported to the PIPS committee and to the HRSA "ODTB Collaborative" database.

7. ADVANCE HEALTHCARE DIRECTIVES

Federal and state law requires that patients be informed about their right to formulate Advance Healthcare Directives upon being admitted to the hospital. UCLA Health System supports this law and encourages patients to communicate their health care preferences and values. Advance Healthcare Directives may be made either verbally or in writing. In order to facilitate this process, UCLA Health System provides a legal form to any patient who wants to communicate an advance directive or appoint a health care proxy should he or she become unable to make decisions for himself or herself. All patients who are admitted are offered this choice and assistance is provided to those who need it. Completed Advance Healthcare Directive forms should be sent to the Admissions office. They are entered into the computer system and sent on to the patient's medical record. The forms are available through the Admissions office or Patient Relations.

8. PAIN MANAGEMENT

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

Acute and Chronic pain are serious problems for 20%-30% of the U.S. population. Some 50 million people in America have disabling chronic pain (Bonica JJ.In: The Management of Pain. 2nd ed. Philadelphia: Lea&Febiger.1990)

Cancer pain needs addressing. It is estimated that 30%-50% of adults undergoing treatment for a solid tumor experience chronic pain and 90% of adult cancer patient's with advanced disease experience pain. For infants and children, the provider should recognize the potential for pain or suspect that a child is in pain (Agency of Health Care Policy & Research, 1992, 1994)

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.

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 which 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 UCLA Health Enterprise 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.

Assessment

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

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

All patients are screened for the presence of pain at the point of entry into the UCLA Health Care system.
A comprehensive pain assessment is based on the patient's self report. This assessment includes ***intensity, location, quality (description) and duration.***

Our institution uses the 0-10 pain rating scale 0= no pain 10 = the worst possible pain.

Observation of Behavior and use of descriptive words is necessary for babies, very young children and adults who cannot communicate. Family members/significant others close to the patient are important sources for describing pain in these groups.

Newborn assessment criteria can include behavior responses such as restlessness, fussiness, facial grimacing, flaring of arms & legs, clenched fist, and vocal changes such as crying and whimpering. Use physiological measures only as adjuncts to self-report and behavioral observation. They are neither sensitive nor specific as indicators of pain.

Children 2 months to 7 years of age can be assessed using the FLACC Scale, which looks at the face, legs, activity, cry and consolability.

Elderly often report pain very differently from younger patients due to physiological as well as psychological and cultural changes associated with aging. Cognitive impairment, delirium and dementia represent serious barriers to pain assessment.

Reassessment of pain is ongoing and according to the patient's needs. The importance of reassessment of the patient's pain status is stressed in the above guidelines and in practice.

Effective communication techniques are essential to effective pain management. The patient/family/significant other will be educated about pain, pain management and will be provided with appropriate education materials. *Patient Education* is initiated pre-op/pre-intervention and continued throughout the continuum of care.

Our patient/family guide "*Lets Talk About Pain Control"* is a communication pamphlet used to start a discussion about the patient's pain. It lets the patient know we need their help to manage their pain. This pamphlet communicates our concerns about pain and the words we will be using to talk about pain.

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

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

9. STAFF RIGHTS

UCLA Health System seeks to provide high quality patient care in an environment that protects employees and respects their ethical, religious, and cultural beliefs. UCLA Health System leadership recognizes that situations may occasionally arise in which an employee's cultural, ethical or religious belief interferes with the rendering of patient care. The policy titled "Staff Request For Reassignment Related To Cultural Values, Ethics and Religious Beliefs" describes the mechanism by which an employee may formally submit a request to their supervisor for such considerations.

10. ABUSE RECOGNITION AND REPORTING

Every employee has the obligation to look for, recognize, and report suspected or actual abuse of patients. The abuse may be child abuse, elder abuse, intimate partner abuse (domestic violence), or abuse from an assault. The following conditions may alert you to the fact that abuse may be occurring:

- There is no explanation for the injury, or the explanation does not seem believable.
- There has been a delay in seeking medical treatment.
- The patient has a previous history of injuries or the injuries are in different stages of healing.
- The patient's behavior changes or is inappropriate when in the presence of family or significant others.

- Other family members do not allow the patient to speak for him or herself.

If you suspect or have knowledge of abuse to a patient, there are a number of options to help guide you through your reporting obligations and to address safety for the patient. By contacting the appropriate referral team, you can help to prevent the patient's discharge into an unsafe environment.

- If the patient is a **child,** page the **Suspected Child Abuse and Neglect Team (SCAN) on pager #96672.**
- If the patient is an **adult,** and it is intimate partner abuse (domestic violence) page the **Domestic Violence Consult Team at pager # 96000**. If an assault has occurred, call the **University Police Department at x51491**. **For immediate assistance, call 911**.
- If the patient is a **dependent adult or elder,** call the **Social Work Office at x79700**.

Staff Safety

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

Indicators of Abuse

The following indicators do not always mean abuse or neglect has occurred, but they can be clues to the need for an abuse investigation. The physical assessment of abuse should be done by a physician or trained health care practitioner.

Physical indicators

- Bruises, welts, discoloration, swelling
- Cuts, lacerations, puncture wounds
- Pain or tenderness on touching
- Soiled clothing or bed
- Absence of hair/bleeding scalp
- Dehydration/malnourishment without illness-related cause
- Evidence of inadequate or inappropriate administration of medication
- Burns: May be caused by cigarettes, flames, acids, or friction from ropes
- Signs of confinement (tied to furniture, bathroom fixtures, locked in a room)
- Lack of bandages on injuries or stitches when indicated, or evidence of unset bones

Behavior Indicators from the Victim

- Fear
- Withdrawal
- Depression
- Helplessness
- Denial
- Agitation, anxiety
- Hesitation to talk openly
- Shame
- Ambivalence/contradictory statements not due to mental dysfunction
- Conflicting accounts of incidents by the family, supporters, victim

Indicators from the Family/Caregiver

- Absence of assistance, indifference or anger toward the dependent person
- Family member or caregiver "blames" the elder or dependent adult (e.g. accusation that the incontinence is a deliberate act)
- Aggression (threats, insults, harassment)

- Previous history of abuse to others
- Social isolation of family or isolation or restriction of activity of the elder or dependent adult within the family unit
- Reluctance to cooperate with service providers in planning for care

Indicators of Possible Financial Abuse

- Unusual interest in the amount of money being expended for the care of the person
- Refusal to spend money on the care of the person
- Power of attorney given when person is unable to comprehend the financial situation, and is incompetent to grant power of attorney
- Lack of personal grooming items, appropriate clothing, etc., when the person's income appears adequate to cover such needs
- Checks and other documents signed when the person cannot write

Injuries are sometimes hidden under breasts or on other areas of the body normally covered by clothing. Repeated skin or other bodily injuries should be noted and careful attention paid to their location and treatment. Frequent use of the emergency room, and/or hospital or health care "shopping" may also indicate physical abuse.

In observing a family, it is important to be aware of one's personal biases and preconceptions. Remember that all forms of abuse and neglect occur in all cultural, ethic, occupational, and socioeconomic groups.

Document your patient's and his/her caregiver's explanations of injuries and note any discrepancies between their stories. Identify each speaker and use his/her exact words within quotation marks.

11. SEXUAL HARRASSMENT

UCLA Health System 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. A harassment-free environment is built on open communication and dialogue regarding this important issue. Prevention and early resolution are also key components. 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.

In determining whether the suspected conduct is sexual harassment, consideration will be given to the record of the incident as a whole and to the totality of the circumstances, including the context in which the alleged incidents occurred. It is the responsibility of department heads, managers, and supervisors to take action as necessary to prevent sexual harassment and correct it where it occurs.

Employees should contact the Human Resources Department to obtain information 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. The sooner the incident or situation is addressed, the better the chances are for a successful resolution.

12. RESEARCH INVOLVING MEDICAL CENTER PATIENTS

UCLA Health System participates in numerous research projects in support of the research mission of the School of Medicine. Research regulations and policies are under the auspices of the Food and Drug Administration, the Department of Health and Human Services, and the State of California and the University. The UCLA Office for Protection from Research Risks (OPRS) shares the primary responsibility with investigators, research staff, and the University for assuring the protection of patients and others involved in research projects. All human research projects must be prospectively approved by the UCLA Institutional Review Boards (IRBs) or receive a certified claim of exemption from the OPRS. This includes any work with stored or prospective collections of human biological material, protected health information, Phase I-IV Clinical trials which involve drugs, biologics, gene therapy, invasive procedures, or medical devices or equipment. The subject has the right to complete information about each research procedure or protocol and can decide to stop the research at any time. Requirements for informed consent are specific to each research protocol and must be explained by the IRB approved clinician/investigator who is conducting the research to each subject both verbally and through a UCLA IRB approved written document. When required by the IRB, the patient must sign an Authorization for Release of Protected Health Information for Research Purposes. For treatment research, a copy of the informed consent form and authorization for release of information is filed in the patient's medical record.

CHAPTER FOUR: AGE SPECIFIC GUIDELINES AND CARE OF SPECIAL PATIENT POPULATIONS

In order to assure that each patient's care meets his or her unique needs, staff who interact with patients as part of their job must develop skills or competencies for delivering age appropriate communications, care and interventions. People grow and develop in stages that are related to their age and share certain qualities at each stage. Certain populations and specific categories of patients require unique needs and interventions as well. 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 (LESS THAN 30 DAYS)

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

2. INFANTS (GREATER THAN 30 DAYS & LESS THAN 1 YEAR)

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

3. PEDIATRICS (GREATER THAN OR EQUAL TO 1 YEAR & LESS THAN 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 (GREATER THAN OR EQUAL TO 13 YEARS & LESS THAN 18 YEARS)
- Treat the adolescent more as an adult than a child. Avoid authoritarian approaches and show respect.
- Explain procedures to adolescents and parents using correct terminology.
- Provide for privacy.

5. ADULTS (GREATER THAN 18 YEARS AND LESS THAN 65 YEARS)
- Be supportive and honest, and respect personal values.
- Support the person in making health care decisions.
- Recognize commitments to family, career, and community.
- Address age-related changes.

6. GERIATRIC (GREATER THAN OR EQUAL TO 65 YEARS)
- 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.

7. CULTURAL AND RELIGIOUS DIVERSITY

Diversity Values Statement

The UCLA Health System community is located in one of the most culturally and ethnically diverse cities in the world. The diversity reflected among our staff and patients is an asset to our organization. The UCLA Health System values and respects these differences, which include: ethnicity, nationality, race, religion, gender, sexual orientation, economic class, age and disability. We commit ourselves to promoting better understanding and appreciation of our human diversity toward the preservation of human dignity. This commitment can be realized only through the continuous effort of the entire community.

Achieving Cultural Competence

There are two keys to achieving cultural competence: ***attitude and knowledge.***

Attitude: understanding that different people's ways of doing things may be different, but equally valid is essential. Anthropologists term this attitude *cultural relativism* and contrast it with *ethnocentrism* – the belief that your culture's way of doing things is the only right and natural way, and that all other ways are inferior. It is important to realize that cultural beliefs and traditions are adaptations to different environmental circumstances, and evolved because they lead to the survival of its members. The healthcare practitioner who tries to understand the beliefs and values of his or her patients will be much more effective than one who merely sees them as strange. Strive to find your patients *interesting*, rather than *annoying*.

Knowledge: knowing something about different cultures' beliefs, values, and traditions is important. While no one can be expected to know everything about every culture, we can learn something about the most common patterns of the populations we commonly serve, while keeping in mind the fact that there is tremendous variation both within each group, and among individuals.

All patients have the right to care that is sensitive to, respectful of, and responsive to their cultural and religious/spiritual beliefs and values. An assessment of patients must include cultural and religious practices in order to provide appropriate care to meet their special needs and to assist in determining their response to illness, treatment, and participation in their healthcare.

To comply:
Be self-aware; know how your views and behavior is affected by culture.
Appreciate the dynamics of cultural differences to anticipate and respond to miscommunications.
Seek understanding of your patient's cultural and religious beliefs and values systems.
Determine their degree of compliance with their religion/culture (do not assume).
Respond to their special needs, which may include:

- Food preferences
- Visitors
- Medical care preferences
- Rituals
- Gender roles
- Eye contact and communication style
- Authority and decision making
- Alternative therapies
- Prayer practices
- Beliefs about organ/tissue donation

CHAPTER FIVE: ENVIRONMENT OF CARE, LIFE SAFETY AND EMERGENCY MANAGEMENT

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

1. 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.

HICS

The RRUCLA Medical Center and RNPH utilize the **H**ospital **I**ncident **C**ommand **S**ystem (HICS) for the management of emergencies or disasters within the organization and for responding to events within the surrounding communities. HICS provides a chain of command and prioritization of duties to ensure an effective and efficient response, integrated with community response activities and agencies, for a variety of emergencies and disasters. The Incident Commander is responsible for implementing HICS. The Incident Commander is the individual who initiates a disaster declaration (Code Triage) and could include the CEO, COO, CAO, Administrator-on-Call, Nursing Supervisor-on-Duty, Emergency Department Faculty Physician–on-Duty or Safety Officer.

Department Plans

Every department has their own specific disaster plan. These plans outline staff's role and responsibilities during emergencies. Staff should become familiar with this document, which is maintained in their department. Employees should follow the procedures outlined in their departmental 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 appropriate command center.

Emergency and Disaster Response Procedures

a) Disaster Authorization and Responsibility Disaster and Emergency Response procedures for a variety of situations are found in the red Disaster and Emergency Response Manual. These procedures are implemented as a part of the institutional Disaster Plan.

b) Overhead Emergency Pages

Emergency overhead pages are used at the Medical Center to alert staff to potential emergency situations and to summon staff who are responsible for responding to specific emergency situations. After hearing such a page, you should check your email or with your supervisor for more specific information and response procedures. In addition, pagers, runners, email, and the campus emergency radio station (AM 1630) may be used to disseminate emergency information to staff. You may hear the following emergency pages while you are working:

- CODE RED - Fire
- CODE BLUE - Medical Emergency
- CODE TRIAGE- Disaster
- CODE ORANGE - Hazardous Material Spill or Release
- CODE PINK - Infant Abduction
- CODE PURPLE - Child Abduction
- CODE GRAY - Abusive or Combative Person
- CODE SILVER - Person with Weapon/Hostage Situation
- CODE GREEN - Evacuation of a Patient Care Area

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

c) Medical Emergency Response

The response to medical emergencies is different, depending on the location of the emergency.

- **Ronald Reagan UCLA Medical Center including Stewart and Lynda Resnick Neuropsychiatric Hospital (RNPH); CHS NRRU – 1 West; Medical Plaza 200 Nuclear Medicine, Radiation Oncology, and the Surgery Center**
  Medical emergency assistance for any area of the Ronald Reagan UCLA Medical Center including Stewart and Lynda Resnick Neuropsychiatric Hospital (RNPH); CHS NRRU – 1 West; Medical Plaza 200 Nuclear Medicine, Radiation Oncology, and the Surgery Center is available by dialing #36.

- **Jules Stein Eye Institute, Doris Stein Eye Research Center, other Medical Plaza locations, and Dentistry and other CHS locations**
  Emergency medical assistance is not available at the other Medical Plaza locations, the Doris Stein or Jules Stein Eye Institute, Dentistry or the other Center for Health Sciences locations. Therefore, emergency assistance for any patient, visitor, or staff member incident must be summoned by calling 911. Do not attempt to seek emergency care from clinics or ancillary services within these buildings.

d) Building Evacuation Locations

RRUCLA and RNPH – South side of the medical center between the Resnick NPH entrance and the Medical Plaza Buildings
Center for Health Sciences - the corner of Tiverton and Le Conte
Medical Plaza - between 300 Med Plaza and Westwood Plaza
Jules Stein Eye Institute – JSEI Plaza (Grassy area west of Doris Stein)

Upon arrival, all employees should check in with their supervisor in order to be accounted for.

2. FIRE SAFETY

The RRUCLA Medical Center and RNPH have fire response procedures that all staff must know and be prepared to implement in order to protect patients, co-workers, themselves, and property from real or suspected fires.

a) Fire Evacuation Routes/Procedures

- Fire doors, corridors and stairs must always remain clear, unobstructed and free from storage to allow for safe evacuation during an emergency.
- There are always two different exit routes out of your work area or floor.
- Evacuation Routes, corridors and stairwells are clearly marked by "EXIT" signs.
- Emergency stairwells are located in the pods and once entered, you can only exit on the first floor.
- Building Core stairwells allow staff to travel between floors and are called communicating stairwells.
- Do not use elevators during a fire. Use the stairs.
- Do not use stairwell as an exit to the roof.
- In patient care areas within the Medical Center, it is preferable to "defend-in-place" by closing doors unless the fire or smoke is directly threatening patients. If evacuation is necessary, evacuate horizontally, staying on the same floor but proceeding past a set of fire doors in the corridor. If you must leave the floor, try to go vertically down a few floors, but stay in the building. Follow instructions from supervisor.
- In the Medical Plaza buildings, evacuate the entire floor or area.
- During construction in which exits are blocked, evacuation routes are altered, or fire safety systems are compromised, special compensatory measures are implemented, called Interim Life Safety Measures (ILSM).
- Use readily available materials such as beds and blankets to assist with patient evacuation efforts.

b) Reporting a Fire (Code Red)

- Go to the nearest fire alarm box; swing pivot to break the glass, or pull handle down.
- Go to the nearest phone and dial "911" and "#36". State the following information:
  1) This is: (your name) reporting a fire at: (location/engineering room number)
  2) Describe the type of fire (i.e. smell smoke, see smoke, see flames etc.)
- If it is safe to do so, go back to the fire alarm box to direct responding personnel.
- "911" calls and fire alarm pulls are received by UCLA Police Department dispatch and then forwarded to the Los Angeles Fire Department.
- "#36" calls go to the Medical Center operator who activates the proper Fire Response Group.

c) Emergency Actions (R-A-C-E)

- **R**EMOVE patients and personnel from the immediate fire area if it is safe to do so.
- Activate the **A**LARM using the Fire Alarm Box and/or call 911 and #36. Notify a supervisor and others in the area. Fire alarm activation gives a visual and audible alarm in area and notifies the police department and the fire department.
- **C**ONTAIN the fire and smoke by taking advantage of the building's compartmentalization features by closing all doors to the immediate fire area. Do not lock them.
- **E**XTINGUISH the fire with the proper fire extinguisher only if safe to do so.
- Or, **E**VACUATE as necessary

d) 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.

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

f) 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

g) Important Points to Remember:

- Code Red means that there is a fire reported in the building.
- Know the location of fire safety equipment in your work area. Know where the alarms, exits, extinguishers, etc. are located.
- If you are not at the fire's point of origin, still continue to listen to overhead pages to obtain updates.
- The Fire Response Group consisting of representatives from Administration, Environmental Services, Campus Facilities Management, Health System Facilities, Respiratory Therapy, Safety and Security who are prepared to assist with fire suppression and evacuations. In addition, in the in-patient care areas, representatives from adjacent areas respond to the fire with a fire extinguisher to assist.

h) Smoking Regulations

The RRUCLA Medical Center and RNPH are non-smoking facilities. Patients may be allowed to smoke outside with a physician's order if clinically indicated. Smoking is permitted in designated areas outside the building. The designated smoking areas for RRUCLA are located outside the NW corner of the Medical Center at the Gayley Avenue and Young Drive intersection and on the Dining Commons patio between the Resnick Hospital entrance and the Medical Plaza stairs. Smoking is also allowed at the west entrance to the Jules Stein Eye Institute. In the Medical Plaza, visitors and patients may smoke outdoors on the southwest plaza between 200 and 300 Medical Plaza and the second floor patio (excluding the play terrace). Smoking is not permitted in front of the Medical Plaza buildings, in parking structures or within 20 feet of any building entrance.

3. HAZARDOUS MATERIALS

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

a) General Considerations

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

b) Responding to a Major Chemical, Biological or Radioactive Material Spill

- Remove yourself and others from the area of the spill. Secure the area.
- Attend to injured/contaminated persons and remove them from exposure if it is safe to do so. Ensure they stay in place to be decontaminated by the campus Hazardous Materials Spill Response Team prior to transport.
- Call 911. State the following: "This is (name) reporting a (type of spill) at (building and room number)."
- Report all hazardous materials spills to your supervisor immediately.
- Have persons knowledgeable of the incident assist responding personnel.

- Be available to the Hazardous Materials Response Team to answer questions and direct them to the scene of the spill.
- Only attempt to clean up the spill if you (1) have been trained, (2) have spill clean-up supplies, (3) have personal protective equipment and, (4) feel comfortable.

c) Storage and Disposal of Chemicals

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

d) Infectious Materials, Medical Waste

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

For more information on Hazardous Materials, contact the Safety Department at x54012 or x53389

4. SAFETY AND BODY MECHANICS

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

a) General Safety Rules

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

b) 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 supervisor. Supervisors are expected to evaluate the concerns and implement corrective actions or direct the problem to the Safety Office.

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

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

- **Back Safety**: Employees should be knowledgeable of the back safety risks involved when performing their job functions, and proactively prevent unsafe working conditions and job practices. Back safety training can be provided upon request by the Safety Office.

- **When doing lifting jobs, remember**:
    1. Size up the job before beginning and plan how to accomplish it. Ask for help. ("Lift twice rule")
    2. Use the large muscles of the legs, hips and arms. They are the strongest in your body.
    3. Avoid bending at the waist. Maintain normal curves in your back by bending at the knees and hips.
    4. Use a broad base of support by keeping feet shoulder width apart. This will increase your stability and balance.
    5. Avoid twisting your back when carrying or lifting. Lift up your feet to turn.
    6. Keep loads close to your body. Avoid over-reaching.
    7. Avoid lifting heavy objects higher than your waist whenever possible.
    8. Use a stool or ladder to reach items above shoulder height. Consider moving frequently used items to waist level.
    9. Avoid carrying heavy objects long distances, use a cart if possible

- **Work Related Injuries:** All employees who receive an injury on the job should report the injury to their supervisor as soon as possible, document the incident on the "Employee's Referral Slip for Industrial Injury and Report of Accident" form and be referred to the Occupational Health Facility during normal work hours or the Emergency Room during off hours. For employees who receive a needlestick, follow these procedures: 1) Flush with water 2) Report the incident to your supervisor. Your supervisor will sign an Industrial Injury Referral Form and a Needlestick form 3) Call the Exposure Page Number for direction. Dial 231 and page #93333. After hours an employee will be directed to the Emergency Department for care or proceed directly there yourself.

- **Event Reporting and Investigation:** Patient and visitor related incidents should be reported using the on-line event reporting system or on the "Confidential Report of Incident/Occurrence" form. The Risk Management Department conducts an investigation, evaluation and follow-up of events.

- **Environmental Rounds and Surveillance:** Environmental rounds are conducted twice yearly in patient care areas and annually throughout the RRUCLA Medical Center and RNPH. Hospital Epidemiology maintains a surveillance program for hospital-acquired infections.

- **Illness Prevention:** Hospital Epidemiology 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.

- **Hazardous/Defective Products Management:** The Director of Materials Management is responsible for coordinating the reporting, documentation and distribution of information regarding hazardous or defective products within the Medical Center.

- **Workers Compensation Program:** When an injury or illness results from work or working conditions, the Workers Comp. 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 employees. Safety training classes are also available upon request for back safety, ergonomics, chemical safety and other topics.

- **Departmental Safety Committees:** Departments are encouraged to maintain individual Safety Committees, particularly those with unique hazards.

- **Disaster Committee:** The Disaster Committee reviews emergency preparedness plans and coordinates drills to ensure that employees are prepared to respond effectively.

For more information, contact the Department of Emergency Management at x63873.

5. 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 RRUCLA Medical Center, CHS, Stewart and Lynda Resnick Neuropsychiatric Hospital, and 200 & 300 Medical Plazas.
- Call the Security Command Center (x77100) immediately to report security incidents against patients, visitors, staff or property requiring Security Officer involvement.
- To contact the UCLA Police Department: For Emergencies, dial 911 from any campus phone, from off-campus UCLA phones located in Westwood, (i.e. 924 Westwood, Oppenheimer, Wilshire Center, Brentwood Labs), dial 8+911. For Non-Emergencies, dial x51491 from any UCLA phone.
- There is safety in numbers, walk with groups of people.
- Intimidation, harassment, assault and battery in the workplace violates the Campus Workplace Violence Policy and state law and must be reported to your supervisor immediately.
- Events to be reported include: Alleged Assault and/or Battery Against Health Care Workers (report form by same name), crimes in progress or events of crime after the fact (call UCLA Police Department and/or use the on-line event reporting system or complete the "Confidential Report of Incident/Occurrence form").
- During established hours, building access is monitored to verify authorization to enter.
- The Westwood Plaza entrance to the RRUCLA Medical Center is designated as the after hours access point for staff and visitors. A security checkpoint will operate from 9pm-6am and all persons entering the hospital are required to show identification. The RNPH and Mattel Children's Hospital entrances are open from 6am-9pm.
- 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.
- Keys and proximity ID badges are not interchangeable. You cannot use your keys on a prox entrance in the medical center. Misuse will send an alarm notification to the Security Command Center.
- All staff are to be alert and politely contest anyone carrying, transporting or concealing an infant or child during a Code Pink or Purple overhead page (Infant or Child Abduction).
- Security provides Forensic Personnel with an orientation regarding how to appropriately respond to fire alarms and overhead emergency pages. Forensic Personnel include police/correctional officers who are assigned to monitor incarcerated patients and private security guards or body guards who accompany patients.

6. UTILITIES

UCLA Health System is dependent upon the good working order of its utilities. It is essential that all utilities are in proper working condition and that staff be aware of their capabilities, limitations and applications to ensure their safe and effective use.

a) RRUCLA Medical Center and RNPH Utilities

- Heating and air-conditioning system
- Steam
- Electrical power- both general and emergency
- Water supply
- Waste disposal system (sewer system)
- Medical gas and vacuum
- Elevators

- Communication systems (telephones, overhead page, beeper system, computer, e-mail and voice mail systems)

b) Utilities Management

- To place a request to be fulfilled by Clinical Engineering, Environmental Services, Facilities or Linen, call Support Services Dispatch at x76000.
- To place an online request to be fulfilled by Health System Facilities or Environmental Services, please log onto the Support services website at *http://www.ssc.mednet.ucla.edu*
- To report utility outages including electrical, plumbing, steam, medical gases and ventilation, please call #36 from any house phone. All other non-emergency utility issues should be reported via the Support services Website at *http://www.ssc.mednet.ucla.edu*
- Communication Technology Services (CTS), Medical Center Computing Services (MCCS) and Medical Center Communications (MCC) are responsible for the management of the Communications Systems. Each of these departments maintains 24 hour/7 day a week monitoring and repair of these critical systems. Repair calls for the departments are:
    1) Inpatient telephones, beeper system, overhead page (MCC): x56929 (After hours, press "0" when you hear the recording in order to be connected to operators. Ask for the Supervisor on duty.)
    2) All other telephones/voicemail (CTS): x114
    3) Computer Systems: x50721
- In the event of a flood (uncontrolled continuous release of water, sewage or other liquid) in the RRUCLA Medical Center, RNPH and 200/300 Medical Plaza, dial "#36" and give the Communications operator your name, location, source and nature of flood, if known. Facilities, Environmental Services, Safety and Infection Control will then be immediately dispatched to take care of the repair, safeguard patient & staff safety & oversee the clean up.
- Emergency medical gas shutoff valves, water shutoff valves, and electrical breakers are located throughout the RRUCLA Medical Center and RNPH. These are labeled with the area served.
- Except in extreme emergencies, 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 an area supervisor, the appropriate ancillary services and health System Facilities.
- Utility systems can only be shut off by authorized personnel in Health System Facilities or Campus Facilities Management in consultation with Medical Center Administration. The only exception is medical gases, in which case, Respiratory Therapy Department staff can shut off the valves in emergencies in collaboration with representatives from Nursing Administration.
- Facilities Management maintains master plans regarding the location of all shutoff controls.
- Red outlets and switches indicate that equipment and lighting is supplied by emergency power in case of normal power loss.
- Preventive maintenance of all utilities equipment is done by Campus Facilities Management and Health System Facilities.
- EC Policies outline response procedures to be taken in the event of a variety of utility outages.

For more information, contact Health System Facilities at x41101, Bob Minich at x41111, Mike Aguiar at x41145 or Ken Kaidin at x66043. Safety issues can be reported at x54012.

7. MEDICAL EQUIPMENT

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

General Considerations

- Electrical medical equipment must be properly grounded and have a hospital grade, 3-prong plug as well as being UL approved or equivalent for its intended use.

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

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

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

To request service from the Clinical Engineering Department, call Support Services Dispatch at x76000

8. SOCIAL ENVIRONMENT

UCLA Health System's environment is designed and maintained to preserve the dignity of our patients, provide maximum comfort, ensure privacy, and facilitate medical treatment.
This includes providing appropriate recreation and social interaction, comfortable indoor conditions, and a clean, attractive and functional environment.

Your participation and support in maintaining an appropriate environment for our patients is very important to our patients and their families.

CHAPTER SIX: 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 Health System 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 Health System 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

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

Identify Patients Correctly

- Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the medicine and treatment meant for them.
- Make sure that the correct patient gets the correct blood type when they get a blood transfusion.

Improve Staff Communication

- Quickly get important test results to the right staff person.

Use Medicines Safely

- Label all medicines that are not already labeled. For example, medicines in syringes, cups and basins.
- Take extra care with patients who take medicines to thin their blood.

Prevent Infection

- Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization.
- Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use safe practices to treat the part of the body where surgery was done.

Check Patient Medicines

- Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any new medicines with their current medicines.
- Give a list of the patient's medicines to their next caregiver or to their regular doctor before the patient goes home.
- Give a list of the patient's medicines to the patient and their family before they go home. Explain the list.
- Some patients may get medicine in small amounts or for a short time. Make sure that it is OK for those patients to take those medicines with their current medicines.
-

Identify Patient Safety Risks

- Find out which patients are most likely to try to kill themselves.

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. The toll free number for the Joint Commission is 800 994-6610.

3. ACCREDITATION

The Joint Commission has been accrediting hospitals for more than 50 years. Its accreditation is a nationwide seal of approval that indicates a hospital and its clinics meets high performance standards. Established in 1988, the Joint Commission's Home Care Accreditation Program accredits more than 3,400 organizations that offer a variety of services in the patient or client's home.

The Joint Commission's Certificate of Distinction for Primary Stroke Centers recognizes centers that make exceptional efforts to foster better outcomes for stroke care. Achievement of certification signifies that the services you provide have the critical elements to achieve long-term success in improving outcomes. It is the best signal to your community that the quality care you provide is effectively managed to meet the unique and specialized needs of stroke patients. In fact, demonstrating compliance with these national standards and performance measurement expectations may help obtain contracts from employers and purchasers concerned with controlling costs and improving productivity.

The Joint Commission's Primary Stroke Center Certification program was developed in collaboration with the American Stroke Association. It is based on the Brain Attack Coalition's "Recommendations for the Establishment of Primary Stroke Centers."

The Joint Commission's Certificate of Distinction for Ventricular Assist Device (VAD) Destination Therapy recognizes centers that make exceptional efforts to foster better outcomes for patients. The VAD Destination Therapy (DT) program for our adult population has proven to demonstrate a solid infrastructure of support for ventricular assist device placements as evidenced by our staff as well as our facilities where we perform and recover patients after cardiac surgery. UCLA Medical Center is now an active continuous member of a national, audited registry for mechanically assisted circulatory support devices that requires submission of health data on ventricular assist device destination therapy patients from the date of implantation throughout the remainder of their lives.

4. KNOW THE WARNING SIGNS OF A STROKE

Weakness – Sudden loss of strength or sudden numbness in the face, arm or leg, even if temporary.
Trouble Speaking - Sudden difficulty speaking or understanding or sudden confusion, even if necessary.
Vision Problems – Sudden trouble with vision, even if temporary.
Headache – Sudden severe and unusual headache.
Dizziness – Sudden loss of balance, especially with any of the above signs.

If an **IN-PATIENT** has a **STROKE,** call the page operator at #36 from any hospital phone and ask for the **Stroke Team** to be paged.

If you suspect that a VISITOR or a HOSPITAL STAFF MEMBER has a STROKE, please DIAL #36 from any hospital phone and REQUEST A RED GURNEY. In any other location, dial 9-1-1.

A stroke is a brain attack (just like a heart attack); it means that an area of the brain is not receiving its blood supply. This could be because of a blood clot blocking the blood vessel, or it could be caused by the blood vessel tearing a bleeding. A stroke needs to be identified as soon as possible in order to have the most effect in treating the symptoms. There is no pain associated with a stroke except sometimes it is associated with a headache. There is no obvious bleeding that you can see in a stroke patient. Sometimes, the stroke patient does not realize that anything is wrong. Nevertheless, it is an emergency. Don't wait for it to get better.

5. VENTRICULAR ASSIST DEVICE (VAD) EMERGENCY INFORMATION

Certain diseases of the heart can decrease its ability to pump blood effectively. A Ventricular Assist Device, or VAD, is a device that can assist your heart in pumping blood. When medications can no longer help, and other surgical options have been exhausted, a physician may recommend a Ventricular Assist Device. All VADs have some components on the outside of the body. This includes a power source and a controller which is used to monitor the pump and make adjustments as necessary. A VAD can provide improved blood flow and better organ function in patients with endstage heart failure.

ATTENTION! If you encounter a person needing assistance and they have a "LVAD" or "BiVAD" implant: ***Please dial #36 and ask for VAD pager (93544***) for assistance.

Out-patient VAD patients always carries an emergency card number with their specific device type and their surgeon's contact number.

6. EVENT REPORTING

An "event" at the UCLA Health System is considered to be an unusual occurrence, such as:

- an incident 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 UCLA Health System's functions or damage UCLA Health System'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 objective description of the occurrence 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 Documentation 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 and Patient Safety Committee and the Medical Staff Executive Committee.

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

7. MEDICATION USE

The medication use process involves many steps to deliver the appropriate drug to the correct patient. The following are some important medication use practices to ensure medication safety and reduce the potential for medication-related events.

Prescribing of Medications

Each practitioner has a responsibility to ensure appropriate utilization of medications and to decrease the potential risk for medication errors. Clinically understanding the indication, dose and the pharmacological effects of each drug that is prescribed is essential to avoiding adverse drug events. However, following good prescribing practices can also help to reduce the potential for medication errors.

Good Prescribing Practices

- Write legibly – medication errors can occur when handwritten orders are difficult to read.
- Medication orders need to be clear and complete.
  - Date and time all medication orders
  - Use generic drug names
  - Include specific dose, route, frequency (ranges such as 1-2 tabs; q4-6h in orders will not be accepted)
  - PRN orders must include qualifier (e.g., PRN pain)
  - Sign your orders and print your name and beeper number
- Avoid the use of abbreviations - write the complete name of the drug to avoid confusion.
- Avoid the abbreviation "u" or "U"; spell out "units" – orders written with 'u' will not be accepted due to the potential confusion of the 'u' with a 'zero' in handwritten orders.
- Avoid leading decimal points. Do not write ".5mg" since the decimal point can be difficult to read leading to a 10 fold dosing error – WRITE "0.5 mg".
- Avoid trailing zeros. WRITE 1 mg, not 1.0mg
- Identify and communicate patient's allergies by documenting allergic reactions on admission orders and other specific order forms such as Antibiotic Order Forms.

Dispensing of Medications

Prior to dispensing, pharmacists review all medication orders for appropriate indication, dose, route, frequency, and drug allergy/interactions. This clinical review of each order includes a review of the patient's current medication profile to avoid therapeutic duplication and drug interactions. If orders are incorrect or require clarification, the pharmacists will clarify the order with the prescriber *prior* to dispensing the medication.

Administration of Drugs

The person administering the medication is responsible for proper patient identification (i.e., checking patient's ID band using two patient identifiers) and drug identification (i.e., drug name, dose, frequency, route) prior to

administering the medication. The MAR (medication administration record) or physician order will be brought to the patient's room to verify and document the dose administered.

Patient's Own Medications

Medications brought into the hospital by the patient are to be delivered to the pharmacy where they will be stored until the patient's discharge. A patient's personal medication will not be administered to the patient unless all of the following conditions are met:

1.) The physician writes an order in the patient's medical record indicating that the patient's personal supply of medication be used; **and**
2.) The medication is not on the *UCLA Drug Formulary*, **and**
3.) The medication containers are labeled according to State Board of Pharmacy regulations and the pharmacist can make a positive identification of the medication by verifying the product's physical shape, size, color, and manufacturer's imprinted identification number. Oral liquids, ophthalmic drops, topical agents, and other products, which have the potential to have additional additives and/or adulterants and cannot be identified short of chemical analysis, cannot be administered to patients.

8. MEDICAL GAS SAFETY

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.

9. BED RAILS

Patients who have problems with memory, sleeping, incontinence, pain, uncontrollable body movement or weakness must be assessed for ways to keep them from harm. Historically, bed rails were thought to keep some patients safe while in the hospital. However, health care providers learned that the use bed rails could be dangerous. Some potential risks of bed rail use include strangulation, suffocation, or death if a patient is caught between the bed rails and the mattress. Serious injuries, and bruising, cuts and scrapes can result from falls when the patient attempts to climb over the bed rail to get out of bed.

To meet patients' safety needs healthcare providers should:
Assess patients for the high risk of bed rail injury:

- Patients with high risk for falls (e.g. previous falls, poor muscle control, impaired judgment)

- Patients receiving psychoactive or sedative medications
- Patients whose size and/or weight is inappropriate for bed size (e.g. too small)

Evaluate beds to ensure there is no gap wide enough between mattress, bed frames, and bed rails to allow patient's head or body to be trapped:

- Use protective barriers or safety devices to fill gaps

Observe patients at frequent intervals:

- Monitor and reassess patients at risk for bed rail injury frequently to ensure safety
- Use devices that alert staff that a patient may be getting out of bed unaccompanied

Anticipate the reasons patients get out of bed such as hunger, thirst, going to the bathroom, restlessness and pain.

Educate patients and their families:

- Discuss with family how the institution ensures the safety of patients when bed rails are used (e.g. individual assessment; use of protective barriers)
- Inform the patient and his/her family of the potential benefits/risks of bed rail use

CHAPTER SEVEN: INFECTION CONTROL

Infection Control education is required upon hire and annually thereafter as mandated by the OSHA Bloodborne Pathogens rule. This requirement can be met by completing Self Study guide and post test or by attending the Infection Control portion of New Employee Orientation. Corrected post tests and/or certificates will be placed in personnel files as proof of completion.

Infection Control policies may be found at http://www.mednet.ucla.edu/Policies/policies.asp. For questions regarding OSHA annual requirements, talk to your supervisor or contact the ICP on call at pager 94040.

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

What can I do to protect our patients...and myself... from hospital acquired infections?

1. HAND HYGIENE

Numerous studies show that proper hand hygiene reduces the spread of bacteria in various healthcare settings. Guidelines developed by the Centers for Disease Control and Prevention (CDC) and infection-control organizations recommend that healthcare workers use an alcohol-based hand rub (a gel, rinse or foam) to routinely clean their hands between patient contacts, as long as hands are not dirty.

Use an alcohol-based hand-rub for routinely cleaning your hands

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

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

- Your hands are visibly dirty

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

KEY ELEMENTS:

Soap and Water (clean your hands for 15 sec.)

1. Wets hands and uses approved soap
2. Rubs hands **vigorously** at least 15 seconds
3. Rinses with running lukewarm water
4. Keeps fingers pointed down
5. Dries hands well
6. Discards paper towel
7. Turns off faucet with DRY paper towel

Alcohol Based Sanitizers (apply friction until dry)

For touch dispenser method:

1. Hits the dispenser once
2. Dips fingers into cupped filled hands
3. Spreads around hands with friction until completely dissolved

For touch less dispenser method:

1. Places palm of hand under dispenser
2. Dips fingers into cupped filled hands
3. Spreads around hands with friction until completely dissolved

Other tips:

- Cover all surfaces of your hands and fingers, including areas around/under fingernails; and
- Continue rubbing hands together until alcohol dries (about 15-25 seconds)
- Make sure your hands are completely dry prior to putting on gloves.
- Wash your hands with soap and water when you feel a "build-up" of emollients on your hands

Healthcare workers who provide direct patient care do not wear artificial nails, extenders, tips, or gels. Nail polish should be unchipped and natural nails should be no longer than ¼ of an inch.

What are "Multi Drug Resistant Organisms" (MDROS) like "MRSA" and "VRE"?

These are strains of bacteria (germs), which live in or on our bodies, which have developed resistance to the antibiotics commonly used to treat infections caused by these organisms. They do not cause more infections, but are harder to treat when they do.

MRSA" refers to "methicillin resistant *Staph. aureus*". 25-30 % of us carry staph in our noses at any given time

"VRE", refers to vancomycin resistant enterococci. All of us carry enterococci in our intestines.

Supplies/equipment

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

HAND HYGIENE after any patient and environmental contact is still the best control measure. Hands must be

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

2. TUBERCULOSIS:

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

- During 2003, a total of 14,871 tuberculosis (TB) cases (5.1 cases per 100,000 population) were reported in the United States, representing a 1.4% decrease in cases and a 1.9% decline in the rate from 2002. This decline is the smallest since 1992, when TB incidence peaked after a 7-year resurgence.
- The state of California reported 3,230 new cases of TB in 2003; an increase of 1.9 % from 3169 cases reported in 2002.
- Los Angeles County reported 953 cases in 2003. This represents a 6.7 % decrease in cases from 1021 cases in 2002. In 2003, LA County had 6.4% of the total TB cases reported in the United States.

Latent Infection versus Disease*:*

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

Signs of active disease includes:

- *Fatigue*
- *Fever*
- *Night sweats*
- *Weight loss*
- *Cough (pulmonary infections)*
- *Blood-tinged sputum (pulmonary infections)*

Health care center requirements*:*

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

- Persons who have a negative TST on hire must repeat the test at least once a year.
- Persons with a prior or newly positive TST on hire are screened for active disease by checking symptoms and having a chest x-ray. These employees must fill out an annual OHF health questionnaire asking if they have experienced any of the symptoms of TB. Employees with a positive health questionnaire receive a chest x-ray.
- It does no harm to repeat a TST *unless* you have ever had a severe reaction (for example, skin blistering) to the test: ***If you have had a severe reaction, you should not be re-tested***. More information on this subject is available by calling OHF at 5-6771.
- Employees have a TST conversion will be followed by OHF and be offered treatment.

BCG

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

Prevention of transmission from patients with active TB

- Recognize possible cases in a timely fashion
- Prevent the patient from coughing germs into the air by having the patient wear a *regular surgical mask* and have the patient cough into tissues
- Place patient on AIRBORNE precautions in a negative air pressure room (NPIR) with an AIRBORNE precautions sign on the closed door. If a NPIR is not available, put patient in a private room with a HEPA machine. Remember keep the door closed as long as the patient stays on AIRBORNE isolation
- NPIR are checked weekly by Facilities for appropriate airflow, however NPIR are checked daily when occupied by a patient on AIRBORNE precautions for tuberculosis.
- Keep the germs from entering your lungs by wearing an N 95 mask when in the presence of an unmasked patient with possible TB - or if in a room which has been occupied in the last hour by a patient being tested for active TB; or has TB.
- Give tuberculosis medications as ordered.
- Follow up screening will be provided to all healthcare workers who were in contact with an active TB patient before proper isolation was started.
- TST testing is provided as noted in Infection Control Policy IC 005
- 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 -- before a new patient is admitted to the room.

3. STANDARD AND TRANSMISSION BASED PRECAUTIONS

Standard Precautions:

- For all patients all of the time.
- Good Hand Hygiene,
- Use of personal protective equipment (PPE) when there is a risk of blood and body fluid exposure.
- If it's wet and not yours wear PPE!

Transmission Based Precautions:

Contact /Spore

These organisms are spread by touch. They are carried along by objects, hands etc.
Ex: MRSA, VRE, and C.difficile.

Droplet

Large particle droplets that can be generated by coughing, sneezing, etc spread these organisms
Ex: Pertussis, meningitis, German measles

Airborne

These organisms are spread by droplet nuclei < 5 microns in size that remain suspended in air and can be disbursed widely by air currents.
Ex: Pulmonary Tuberculosis, Varicela (Herpes) Zoster, and Measles.

For a complete list of Diseases and Precautions, see policy IC002 in the Westwood Medical Center Policies under Infection Control.

AIRBORNE PRECAUTIONS	All Patients
Principle Elements	**In addition to Standard Precautions**
Hand Hygiene	• Clean Hands before entering room and before leaving room
PPE	For Pulmonary tuberculosis • Wear a personal respirator (N-95 mask) For Varicela (chickenpox), disseminated Zoster, or measles (Rubeola). • If you are immune to Varicela, or measles, you do not need to wear respiratory protection • If you are susceptible (non immune), you shall not be assigned to care for or visit the patients • If you must enter the room, wear respiratory protection (N95 mask)
Room Assignment	• Negative Pressure Room • Door must remain closed at all times (including when patient out of room) Minimize unnecessary entry into the room. • If negative pressure isolation rooms are limited, priority should be given to patients known or suspected to be infected with tuberculosis. **Negative Pressure Isolation Rooms are located on each unit.** A complete list is found in policy IC 002.
Precautions Signs	Post Green Airborne Precautions Sign outside the room where clearly visible
Visitors	• Staff shall instruct visitors on Airborne precautions • Visitors shall follow the precautions outlined above under PPE. • Visitors shall be instructed by staff nurses how to wear the mask correctly.
Patient Transport	• Limit the movement and transport of the patient outside of their room. • If transport or movement is necessary, place a surgical mask on the patient. • Notify the department receiving the patient that Airborne precautions are necessary.
Room Cleaning	Standard Practices. If less than 1 hour since patient discharge, Healthcare worker should wear an N95 mask
Ambulation	Patient should only leave room for necessary treatment. E.g. radiology. Patient to wear surgical mask when outside of room.
Discharge	Upon discharge, close room for 1 hour before admitting next patient.

Remember to practice good hand hygiene for all patient contact!
Never put a diagnosis on a Patient sign as it violates HIPPA regulations

DROPLET PRECAUTIONS	All Patients
Principle Elements	**In addition to Standard Precautions**
Hand Hygiene	• Clean Hands before entering room and before leaving room
PPE	• Disposable surgical mask must be worn when entering the room. • Masks are single use
Room Assignment	• Private room • Cohort patients with the same germ in the same room if private room not available • If patient must be placed in an open bed unit, - Visibly separate the patient bed by curtain and place the Orange Droplet Precautions sign where clearly visible • Maintain at least 3 feet between the infected patient and other patients and visitors
Precautions Sign	Orange Droplet Precautions Sign
Visitors	• Staff shall instruct visitors on Droplet precautions • Clean hands before entering room and before leaving room • Visitors shall wear a mask when coming within 3 feet of the patient and shall remove the mask immediately before leaving the patient room
Patient Transport	• Limit the movement and transport of the patient outside of their room. • If transport or movement is necessary, place a surgical mask on the patient. • Notify the department receiving the patient that Droplet precautions are necessary.
Room Cleaning	• Standard Practices.
Ambulation	• Patienton Droplet precautions are encouraged to stay in their room. • A surgical mask must be placed on the patient before leaving the room.

Remember to practice good hand hygiene for all patient contact!
Never put a diagnosis on a Patient sign as it violates HIPPA regulations

CONTACT PRECAUTIONS	In Patients	Modified (Outpatient)
Principle Elements	**In addition to Standard Precautions**	**In addition to Standard Precautions**
Hand Hygiene	• Clean Hands before entering the room and before leaving the room	• Clean hands before and after care
PPE	• Don Gown and Gloves when entering room. Gowns and gloves are single use. Do not wash gloves.	• Gloves • (Gowns not routinely required)
Room Assignment	• Private room. Cohort patients with the same germ in the same room if private room not available. • If patient must be placed in an open bed unit, visibly separate the patient bed by curtain. • Post the Red Contact Precautions sign where clearly Visible.	• Patients undergoing outpatient procedures shall be placed in a bed located close to a sink. • Visibly separate the patient bed by curtain. • Yellow Contact Precautions sign where clearly visible.
Precautions Signs	Red Contact Precautions Sign	Yellow Modified Contact Precautions Sign
Visitors	• Staff shall instruct visitors on Contact precautions • Clean hands on entering room • Wear gloves when entering the room • Use of gown is encouraged for patient assistance • Remove PPE and clean hands when leaving.	• Staff shall instruct visitors on precautions • Clean hands before visit • Wear gloves when contact with the patient is anticipated • Remove PPE and clean hands when leaving.
	Applies for both categories	
Patient Transport	• Notify Receiving Department of Precautions • Wounds are covered and body fluids are contained. • When possible, transport a patient in a wheelchair or stretcher rather than in their bed. • Patients shall wear a clean gown and should clean their hands prior to leaving the room.	
Patient Care Equipment	• Standard cleaning • When possible, dedicate the use of equipment (e.g., stethoscope, blood pressure cuff) to single-patient use. • Reusable patient care equipment must be disinfected with the hospital-approved disinfectant before use on another patient	
Room Cleaning	Standard Practices	
Ambulation	• See Ambulating MDRO Patient algorithm	

** RNPH patients shall be allowed to attend clinically appropriate therapy. The patient shall be instructed to wear clean attire and to clean hands before leaving their room. Ensure body fluids are contained. The staff shall instruct patient to wash hands/change clothes if they become contaminated and assist patient as indicated.

Remember to practice good hand hygiene for all patient contact!
Never put a diagnosis on a Patient sign as it violates HIPPA regulations

TABLE 4 SPORE PRECAUTIONS	All Patients	Modified (Outpatient)
Principle Elements	**In addition to Standard Precautions**	**In addition to Standard Precautions**
Hand Hygiene	Wash hands with **soap and water** before entering room and leaving room.	Wash hands with **soap and water** before entering room and leaving room.
PPE	• Don Gown and Gloves when entering room. • Gowns and gloves are single use. Do not wash gloves.	• Don Gloves when entering a room. • (Gowns not routinely required.)
Room Assignment	• Private room. Cohort patients with the same pathogen/bug in the same room if private room not available. • If patient must be placed in an open bed unit, visibly separate the patient bed by a curtain. • Post the red Contact Precautions sign and Spore Attention Precautions sign where clearly visible. • Post the Spore Attention Precautions sign on or next to the Alcohol-based hand rub dispenser	• Patients undergoing outpatient procedures shall be placed in a bed located close to a sink. • Visibly separate the patient bed by curtain. • Post the yellow Contact Precautions sign where clearly visible. • Post the Spore Attention Precautions sign on or next to the Alcohol-based hand rub dispenser
Precautions Signs	• Red Contact Precautions Sign and Spore Attention Sign	• Yellow Modified Contact Precautions Sign. And Spore Attention Sign
Visitors	• Staff shall instruct visitors on Contact Precautions and Spore Precautions. • Wash hands with soap and water upon entering and leaving room. • Wear gown and gloves when entering the room. • Remove PPE and wash hands when leaving.	• Staff shall instruct visitors on precautions. • Wash hands with soap and water before and after visit. • Wear gloves when contact with the patient is anticipated. • Remove PPE and wash hands when leaving.
Room Cleaning	• Wipe high-touch surfaces (e.g. bedside table, doorknob , bedrails) with diluted bleach daily • Clean entire room with dilute bleach solution/wipes for both routine and terminal cleaning.	
Ambulation	• See Ambulating MDRO Patient algorithm.	
	Applies to both categories	
Patient Transport	• Notify Receiving Department of Precautions. • Diaper is dry or liquid feces are contained. • When possible, transport a patient in a wheelchair or stretcher rather than in their bed. • Cover a wheelchair or stretcher with clean linen before seating the patient. Wipe the wheelchair and stretcher with dilute bleach wipes after transporting patient. • Wipe down the wheelchair and stretcher with dilute bleach wipes after patient contact. • Patients shall wear a clean hospital gown and should wash their hands prior to leaving their rooms.	
Patient Care Equipment	• When possible, dedicate equipment (e.g., stethoscope, blood pressure cuff) to single-patient use. • Try not to share medical equipment with C. *difficile* patients. If necessary, wipe the surfaces of equipment with dilute bleach wipes. • Reusable patient care equipment must be disinfected with dilute bleach solution/wipes before use on another patient.	

PROTECTIVE PRECAUTIONS

In addition to Standard and Transmission Based precautions, use Protective Precautions for patients with selected immunocompromising conditions to limit the risk of infections among these patients. Departments or service specific protocols shall be utilized for these high-risk patients. Specifically, for the respective patient populations, the Heart Transplant services UCLA Form # 312758 and the Lung Transplant service utilizes UCLA Form #10106. Protective Precautions may include:

- Private Room
- No live plants or fresh cut flowers
- No raw fruit or vegetables
- No rectal procedures e.g. temperature

4. BLOOD BORNE PATHOGENS

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

Exposure Control Plan is available online. Occupational Health and Nursing Administration have a hard copy available.

Additional information on blood borne diseases and prevention:

A. 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

B. Hepatitis B Virus (HBV)
   1. The CDC estimates that there are 8700 new cases of occupationally acquired HBV infection among health care workers (HCWs) in the United States each year.
      a. There are an estimated 200 deaths in HCWs each year as a result of fulminant or chronic HBV infection.
      b. Some HCWs (6-10%) who are infected with HBV become carriers and can transmit HBV to others. Carriers are at increased risk of liver ailments including cirrhosis and liver cancer.
   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, which carries the 'e' antigen of HBV (HBeAg).
   3. Hepatitis B vaccine is highly effective and is indicated for all HCWs who are expected to have contact with blood or other potentially infective materials defined under universal precautions, as a result of their job.
      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 Occupational 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 additional vaccine. If adequate antibody titers do not develop after two additional injections, the HCW is considered to have failed to respond to HBV immunization, but can receive effective post-exposure treatment using Hepatitis B immune globulin (HBIG).

d. Once a HCW has completed the HBV vaccination series **AND** has demonstrated an HBV antibody titer, s/he is felt to be protected from HBV even if the titer subsequently drops.

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 this time. An employee who signs a declination form can at any time during future employment ask for and receive the vaccine series.

C. Human Immunodeficiency Virus (HIV)

1. The number of people infected by HIV (the virus which 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, which cause devastating effects and death.
4. To date, less than 170 HCWs have been reported to have acquired 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 Occupational Health or EMC personnel who will initially evaluate you following the exposure or with your physician.

D. Hepatitis C Virus (HepC)

1. Preliminary studies indicate that risk of infection following needle stick exposure to a source who has Hepatitis C is approximately 3.5%.
2. The current Hepatitis C test does not tell us if the patient currently is <u>infectious</u> 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.

<u>Additional General Guidelines for Prevention of Bloodborne Pathogen Infection:</u>

1. Sharp Safety
   a. Do not bend, break, or re-cap dirty needles.
   b. Pay attention when placing sharps in sharps containers.
   c. Use of safety devices for all sharps is required by California law.
   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, 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 Hospital Epidemiology 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, 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 blood borne 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 Occupational Health Facility (x56771) located on the 6th floor, Center for Health Sciences during business hours. Or, Contact the Needlestick pager @ 93333 After-hours exposures will initially be evaluated in the EMC.
2. If the employee is initially seen in the EMC, s/he **MUST** report to Occupational Health on the next business day. This is for **the employee's protection**, to ensure necessary follow-up.
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 case they change their mind.
5. Employers must offer exposure management at an alternative site if the employee requests this due to confidentiality concerns.

5. 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 Varicela (chickenpox) or Zoster (shingles)

The same virus (Varicela 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 even mild colds in adults may be caused by viruses, which 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.**
- Masks are not allowed by DPH for employees with respiratory illness.
- 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 whose immune systems are compromised. 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.

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

Febrile Illness

Stay home if you have a fever.

If you are a RRUCLA Medical Center or RNPH employee with questions, you may contact the ICP on call @ 1-800-233-7231 ID # 94040

Revised: January 2010

UCLA Health System

Self-Study Orientation Guide and Staff Information Handbook Post Test

Name:_____ Employee ID#: _____ *TEST HAS BEEN CORRECTED*
Unit/Dept:_____ Manager: _____ *AND REVIEWED BY: _____*
Date: _____

(CHECK ONE:) New Employee Orientation ____ Annual Education Training ____

DIRECTIONS: Please answer each question below. Upon completion, return the test to your department rep./supervisor or class facilitator. Be sure to review your answers and make corrections as necessary.

1. The UCLA Hospital System mission is delivering leading edge patient care, research and_____.
   a. customer service b. education c. communication d. leadership

2. (T/ F) Any employee can review a patient's personal health information as long as they don't tell anyone about it.

3. (T/ F) Sharing computer passwords with co-workers is acceptable if you work in the same department.

4. (T/ F) An employee may request not to participate in certain aspects of patient care or treatment if it conflicts with the employee's political beliefs.

5. (T/ F) Patient care providers use different types of communication, care and interventions with patients of different age groups and populations.

6. (T/ F) To teach a pediatric patient about a procedure, you should use toys and games.

7. Which of the following are true about adolescents?
   a. Treat the adolescent more as an adult than a child.
   b. Explain procedures to adolescents and parents using correct terminology.
   c. Avoid authoritarian approaches and show respect.
   d. All of the above

8. Anticipate the following for geriatric patients:
   a. Short term memory loss
   b. Decreased visual acuity
   c. Decreased heat regulation of the body
   d. All of the above

9. Emergency codes are 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 Material Spill
   d. All of the above

10. (T/ F) Code Silver is for a person with a weapon and Code Gray is for an abusive or combative person.

11. Identify the proper emergency codes for a possible infant or child abduction.
    a. Code Black and Code White
    b. Code Pink and Code Purple
    c. Code Pink is used for both infant and child
    d. None of the above

12. Code _____ overhead page means that a patient care area is being evacuated and all available staff should assist.
    a. White b. Blue c. Green d. Evac.

13. (T/ F) Both the building core stairwells and the unit/dept/pod emergency stairwells can be used for communicating between floors.

14. (T/ F) Staff should pull the fire alarm and call 911 and #36 in the Medical Center, JSEI and the Medical Plazas to report a suspected or real fire to police dispatch and the fire department.

15. In the event of a fire staff should follow R.A.C.E. What does that acronym stand for?
    a. RACE out of the building
    b. Ride the elevator, Ask questions, Call for assistance, Exit
    c. Report the problem, Assemble staff, Communicate plan, Educate patients
    d. Remove people in danger, Activate the Alarm, Contain the fire, Extinguish/Evacuate

16. In addition to the label on a hazardous chemical container, what other information should you read to understand how to handle a hazardous material?
    a. Medical Chart b. Employee Handbook c. Material Safety Data Sheets (MSDS) d. Nothing Else

17. An appropriate response to a major chemical, biological or radioactive material spill is:
    a. Remove people from area of spill
    b. Secure the area
    c. Call 911 and give your name and report type of spill and location
    d. All of the above

18. (T/ F) Proper lifting techniques include bending at the waist, keeping your feet close together, twisting to reach objects, and carrying loads away from your body.

19. (T/ F) Keys and proximity ID badges are interchangeable and you can use your keys on a prox entrance in the medical center without an alarm notification to the Security Command Center.

20. (T/ F) The Support Services Dispatch phone line (x76000) should be called for all utility problems and any Clinical Engineering, Linen, EVS and Facilities requests.

21. (T/ F) All floods (continuous release of water, sewage or other liquid) should be reported to the communications operator at "#36".

22. Who is responsible for notifying Clinical Engineering of any incoming medical equipment (including loaner, demo and rental) in order to complete an acceptance inspection prior to initial use on a patient?
    a. Technical staff of Clinical Engineering
    b. Purchasing Department
    c. Each department receiving the equipment
    d. Nursing Department

23. When is the next preventative maintenance inspection due on a piece of medical equipment?
    a. it is indicated by the "due date" on the inspection label
    b. whenever Clinical Engineering makes their rounds
    c. medical equipment only needs to be checked by the manufacturer before it arrives in the dept.
    d. all medical equipment is inspected every 12 months

24. (T/F) Using at least two ways to identify patients and quickly getting important test results to the right staff person are two examples of how the medical center promotes a safe environment for our patients.

25. If an employee has an exposure from a bloodborne pathogen injury, they must:
    a. Report the event to their supervisor.
    b. Go to OHF during business hrs. or ER after hrs. with completed paperwork and any applicable patient ID information.
    c. If initially seen in the Emergency Dept., report to Occupational Health Facility the next business day.
    d. All of the above

26. (T/F) Alcohol based hand rubs may be used when your hands are contaminated but not visibly soiled.

27. An infection a patient acquired in the hospital is called_____.
    a. Community
    b. Health Care Associated
    c. Indeterminant

28. (T/ F) Healthcare workers who provide direct patient care may wear artificial nails if they are in good repair.

29. Patients with MRSA are placed on _____ precautions.
    a. Droplet
    b. Contact
    c. Drug-resistant

30. Besides Tuberculosis and chickenpox, what other communicable disease requires airborne isolation?
    a. Hepatitis B
    b. difficile
    c. Measles

31. (T/F) HIPAA requires us to indicate the name of the organism or disease on the isolation sign.

32. (T/F) It is okay to come to work with a fever.

33. _____precautions are used on all patients regardless of diagnosis.
    a. Droplet b. Contact c. Standard

34. A patient with a diagnosis of r/o meningitis requires _____ isolation.
    a. Standard b. Droplet c. Airborne

35. After discharge, a room used for airborne isolation must be left vacant for _____
    a. 1 hour b. 1/2 hour c. 4 hours

Revised: January 2010